

## PLEDGE FORM

This gift/pledge is made by (please print):		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL:		
CELL PHONE:	HOME PHONE:	
I/We are pleased to support The Crayon Initia	ative by making the following con	tribution:
☐ A one-time donation of \$	or	
☐ A pledge donation of \$ to check box that applies): ☐ Monthly	<del>-</del>	of \$ on this basis
Please charge my credit card:		
Card number:	Expiration Date:	
Card Security Code:	Billing Zip Code:	
SIGNATURE:		
Special Instructions (check all that apply):		
I/We would like to be recognized as a $\Box$	donor, or $\Box$ I/We wish to remain a	anonymous.
Please use this gift for (check one):		
☐ Greatest Area of Need		
☐ General Operating		
☐ Capacity Building		
☐ My employer will match this gift		
This gift is made in (circle one) memory of/h	onor of (please print):	
The Crayon Initiative is a 501(c)(3) nonprofit organization are tax-deductible to the		
Please return this form to development@theo The Crayon Initiative, 155 Railroad Ave, Suite		THANK
THANK VOIL for beloing to color a child's l	ifal DAWNO	7 Thomas May





