



Celebrating a Century of a Place to Thrive Campaign Pledge Form

Donor Information

Name(s): _____ Email: _____
Home phone: _____ Business phone: _____
Company/Foundation: _____ (if applicable)
Address: _____
City: _____ State: _____ Zip code: _____
Signature 1: _____ Date: _____
Signature 2: _____ Date: _____
Please keep this gift/pledge anonymous. My company will match this gift/pledge.

Gift/Pledge Information

I/we pledge a total of \$ _____ to CVCA's Celebrating a Century of a Place to Thrive Campaign.
A single gift. Payment information is below.
Annual payments of \$ _____ over 2 years starting _____ / _____ (circle one) (Month) (Year)

Check Information

Enclosed is my check for a tax-deductible gift of \$ _____ made payable to Carson Valley Children's Aid.

Credit Card Information

Please charge my tax-deductible gift to my credit card. In the amount of \$ _____
American Express Master Card Visa
Yes, CVCA has authorization to automatically charge my credit card when scheduled payment is due.
Cardholder's Name: _____ CCV #: _____ (back of card)
Credit Card #: _____ Expiration Date: _____
Billing Address (if different from above): _____
Cardholder's Signature: _____ Date: _____
Naming opportunities requested and/or additional comments:

Please return to:
Carson Valley Children's Aid ~ Advancement Office
536 Bethlehem Pike • Fort Washington, PA 19034 • Phone: 215.233.1960 ext. 264
Email: development@cvca-pa.org • Website: cvca-pa.org