

Three Sister's Community Fundraiser PLEDGE FORM

Donor Information (please print or type)

Donor Name _____

Billing Address _____

City _____ State ____ Zip _____

Phone(____) _____ - _____

Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid in

One Two Three installments by September 30, 2024.

I (we) plan to make this contribution in the form of:

check payable to MPMRC

Acknowledgement Information (choose one option below)

Please credit sponsorship as written below in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s)

Date _____

If you would like your logo included in credits

File resolution should be no less than 300dpi

Logo and/or advertisement copy must be in electronic format
(jpg. Png. Pdf)

