

## Giving Pledge Form

Return this with your gift when possible. When using a credit card, please use our online secure site or mail this from. Do not fax or email credit



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

*Read for Literacy's mission is to provide children and adults the opportunity to achieve their academic and personal goals through literacy services.*

Yes, please send me Read for Literacy Quarterly email updates.

My gift is being made in HONOR OF: \_\_\_\_\_

My gift is being made in MEMORY OF: \_\_\_\_\_

Please notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My gift is unrestricted. Please use it in an area of need.

I would like to restrict my gift to:

Adult Literacy

English Language Learners

Creating Family Readers

Creating Young Readers

Claire's Day

Volunteers & Literacy Outreach

### **Check or Cash Contribution:** Make Checks payable to Read for Literacy

\$1000.00  \$500.00  \$250.00  \$100.00  \$75.00  \$50.00  \$25.00

Other \$ \_\_\_\_\_

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**Credit Card Contribution:**  MasterCard  Visa Amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ Authorized Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to this gift, I would like a monthly credit card contribution of \$ \_\_\_\_\_, using my credit card above. I understand this will be ongoing support and will be terminated **by me calling or writing to** Read for Literacy.

- Phone: 419-242-7323 ext. 10
- Mailing: Read for Literacy 325 N. Michigan Street Toledo, Ohio 43604