



Give A Child Hope! Campaign



CAMPAIGN PLEDGE FORM 2017

Donor Name (as you wish it to appear in print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Business Name: _____

Donor Signature: _____ Date: _____

I WOULD LIKE TO SUPPORT THE CAPITAL CAMPAIGN WITH A

Gift of \$ _____

Through my check made payable to CASA of Jackson County

Through my credit card (complete information below)

Pledge of \$ _____ to be paid in _____ payments of \$ _____

Through my check made payable to CASA of Jackson County

Through my credit card (complete information below)

Payment Schedule:

Payment 1 \$ _____ Date _____

Payment 3 \$ _____ Date _____

Payment 2 \$ _____ Date _____

Payment 4 \$ _____ Date _____

Credit Card Information

Card number _____ Expiration Date: _____ CVS# _____

CASA of Jackson County

613 Market Street, Medford, Oregon 97504

www.jacksoncountycasa.org | 541-734-2272

CASA is a non-profit 501(c)(3) organization, Federal Tax ID #94-3215621