



PLEDGE FORM

Please accept my/our gift of \$ _____ to support the Society's programs and services for individuals and families in need.

Name (please print)

Company/ Organization

Address

City

State

Zip Code

Home Phone

Work Phone

E-mail Address

My company has a matching gift program. I will initiate the process to increase my gift.

Tribute Gift Please recognize my/our gift in (circle one) honor/memory of _____

Please send acknowledgement to _____

Full mailing address, please print _____

Form of Payment

My check is enclosed and payable to the Society of St. Vincent de Paul, Council of Los Angeles

Please charge my: Visa MasterCard American Express Discover

Card Number (please print)

Expiration Date

Name as it Appears on Card

Signature

I would like to make a continuing pledge to the Society. Please automatically deduct the following amount from my credit card account according to the schedule indicated.

Amount	Frequency	Starting Date	Ending Date
\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	Start Date _____	End Date _____

Please mail or fax your donation to:

Society of St. Vincent de Paul
 Council of Los Angeles
 210 North Avenue 21
 Los Angeles, CA 90031
 (323) 276-6083 (phone)
 (323) 225-4997 (FAX)

Thank you

All contributions are tax-deductible to the fullest extent of the law.