

**CONTRIBUTION / PLEDGE FORM
To Support Pavillon**



Name (s): _____ Date: _____
Your name will appear as above in recognition materials including the Annual Report, unless indicated below.
 No thank you!

Primary Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

I / We pledge \$ _____ to support Pavillon's efforts.

in the following area _____ at their discretion. *(Please check one.)*

(Please check one below)

_____ My/Our check for the total pledge amount is enclosed.
Please make checks payable to Pavillon.

_____ My/Our check for _____ is enclosed. Please bill me in mid-December for any outstanding balance

_____ I /We wish to donate appreciated securities.
A staff person will be in touch with you.

_____ I do hereby authorize Pavillon to debit my credit card \$ _____
Circle one: MasterCard Visa American Express Discover

Credit Card Number: _____ Exp. Date _____ / _____ (mo./yr.)

Billing address for card: _____ Code: _____

City: _____ State: _____ Zip: _____

Signature: _____

Thank you! Pavillon is a 501 (c) (3) organization. Your gift is tax deductible as provided by law.

_____ donation is in memory of / honor of _____. *(Please circle one.)*

_____ please acknowledge my gift to (name and mail address) _____ -

Please mail or fax this form to: Pavillon at the address below.