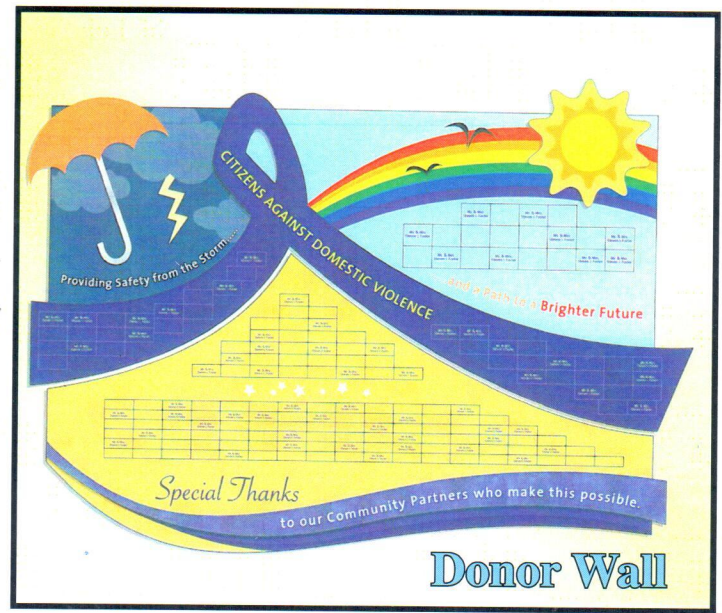




Citizens Against Domestic Violence

Victim Outreach Center

www.cadv-voc.org



DONOR INFORMATION:

Name: _____

Address: _____

Phone: _____ E-Mail: _____

PLEDGE LEVEL:

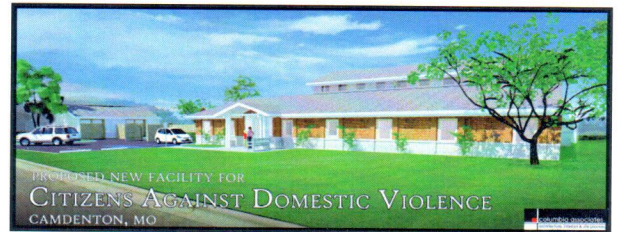
- ___ Sky Blue \$5,000
- ___ Purple \$3,000
- ___ Yellow \$2,000
- ___ Yellow \$1,000
- ___ Friend \$500
- ___ Other \$_____

RECOGNITION INFORMATION:

- * Donations of \$1,000 or higher recognized as our Community Partner on Donor Recognition Wall
- * Donation of \$500 recognized as a Friend of CADV on Perpetual Plaque
- * Smaller donations appreciated; no engraving
- * Please list information for engraving:
 Sky Blue & Purple: 3 lines 14 characters each
 Yellow & Friend: 2 lines 14 characters each

PAYMENT METHOD:

- ___ PAY NOW Check attached
- ___ PAY 20___ Pay amount in full by end of 20___
- ___ QUARTERLY - 1 YR Would like to make 4 quarterly payments to begin _____
- ___ QUARTERLY - 2 YR Would like to make 8 quarterly payments to begin _____
- ___ YEARLY Would like to make payment _____ 20___ & - _____ 20___



Signature

Date

*CADV is a 501(c)3 organization.
 Gifts to our non-profit organization may qualify for federal and state tax deductions or credits as laws allow. A receipt will be sent to you after your pledge has been received for tax purposes.*