



## Annual Fund Pledge Form

### Donor Information (please print or type)

Name	
Billing address	
City, State, ZIP Code	
Telephone (home)	
Telephone (cell)	
Email	

Student   
  alumni   
  parent   
  friend

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:

now   
  monthly   
  quarterly

I (we) plan to make this contribution in the form of:

Cash   
  check   
  credit card   
  other

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Company you work for: \_\_\_\_\_  
 (we can let you know if they match donations)

My gift will be matched by \_\_\_\_\_ (company/family/foundation)

form enclosed   
  form will be forwarded

### Acknowledgement information

Please use the following name(s) in all acknowledgements:

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- I (we) wish to have our gift remain anonymous
- If paying in installments, I prefer to receive only the one acknowledgement letter

Signature(s)
Date

Please complete and mail this pledge form to:  
 Friends of QCA, 815 West 7th St., Plainfield, NJ 07063  
 or attach it in an email to [info@friendsofQCA.org](mailto:info@friendsofQCA.org)