



2013-2014 PLEDGE FORM

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Cell: _____ Work: _____ Home: _____

Email: _____ Alt Email: _____

I wish to pledge the following:

Total Pledge Amount: _____

Payment Plan:

(3 Month Payment Plan:) Monthly Payment of \$ _____ Start Month _____ Ending Month _____

(6 Month Payment Plan:) Monthly Payment of \$ _____ Start Month _____ Ending Month _____

(12 Month Payment Plan:) Monthly Payment of \$ _____ Start Month _____ Ending Month _____

(Other:) Monthly Payment of \$ _____ Start Month _____ End Month _____

I wish to pay by :

Check Enclosed (Payable to Desert Voices) MasterCard Visa American Express

I hereby authorize Desert Voices to automatically process my 2013-2014 monthly pledge amount on the _____ day of each month, for the time frame referenced above, by the way of my credit card, until written notification to the contrary is given.

Credit Card # _____ Exp. Date _____

Billing Zip Code _____ Signature _____

Desert Voices
3426 E. Shea Boulevard
Phoenix, AZ 85028
Phone: 602.224.0598
Fax: 602-224-2460

Desert Voices Use Only

Donation Code: _____ PRB: _____