



Monthly/Quarterly Pledge Form

today's date _____

DONOR INFO:

name

address

city

state

zip

home phone

work phone

cell phone

e-mail

alternate e-mail

I pledge a donation of \$ _____ per month or quarter (circle one)

My pledge lasts one year, two years, three years.

I will pay my pledge by:

CREDIT CARD # _____

Expiration Date: _____ Name on card _____

Three digit Security Code on back of Card: _____

Charge my credit card on day _____ (1 - 31) of the month.

Singlepoint ACH Bank Transfer - Please attach a voided check. Be sure to tell us which day of the month to do the transfer of funds.

Charge my credit card on day _____ (1 - 31) of the month.

CHECK: Please make check payable to Cedar River Clinics. Send your first payment with this pledge form to: 106 East E Street, Yakima, WA 98901. We will send you additional response envelopes to send future pledges.

My signature below authorizes you to charge my card or transfer funds from my account on the schedule above. I understand that fund transfers and credit card charges may take 2-3 days to clear after being initiated or processed.

Signature

date

Please e-mail to JoanS@CedarRiverClinics.org or mail to 106 East E Street, Yakima, WA 98901. Feminist Women's Health Center [EIN 91-1083929] is a registered 501(c)3 charitable non-profit that operates Cedar River Clinics. Donations are tax-deductible to the extent allowed by law.