

Pledge Card

- CHECK** (make check payable to Sacramento Child Advocates, Inc.)

I am enclosing a check for a total pledge of \$_____

- EFT (Electronic Funds Transfer)**

EFT To Begin: _____ Frequency of transfer: _____

Amount of transfer \$_____ Please include copy of voided check

- CREDIT CARD** (\$10.00 minimum)

Total pledge \$_____ One-time pledge

Monthly Quarterly To Begin: ____/____/____

Charge: MasterCard AMX Discover Visa



Account Number

Expires

Security Code

Small Change, Big Impact



Name as it appears on credit card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Signature (By signing here you authorize your pledge and payment method)

Thank you for your contribution!
A confirmation of your gift will be sent via e-mail