POINTS OF LIGHT

Donor Pledge Form

☐ I would like to support Points of Light with a gift of: $_____

If you would like to designate your gift, please specify here:

- ☐ Please use my gift where it is needed most
- ☐ Support disaster response and recovery efforts
- ☐ Support generationOn ~ Youth and Family Services Program
- ☐ Support the Daily Point of Light Program

Payment Options

☐ I/we will pay by check (payable to Points of Light)

- ☐ Check is enclosed
- ☐ Please expect my payment by _____(date)

☐ Please charge my/our credit card: ☐ Visa ☐ Master Card ☐ American Express

Cardholder's Name (as it appears on card) I Amount I Card Number I Exp. Date I Security Code*

(*AMEX – 4 digit # on front of card I VISA and MC – 3 digit # on back of card)

Billing Address

Signature (required for all gifts Date

Listing

Please list me by (check one): ☐ Name ☐ Company ☐ Please keep my contribution anonymous

Please print name or company exactly as you would like to be listed in POL materials.

Contact Name Title Tel Fax Email

Company

Address City State Zip

Kindly returned your signed form to Points of Light
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Fax: 404-979-2901 Email: kkener@pointsoflight.org