



## 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 the Daily Point of Light Program
- Support the George H. W. Bush Points of Light Award
- Support youth programming
- Other: \_\_\_\_\_

### Payment Options

- I/we will pay by check (payable to Points of Light)
  - Check is enclosed
  - Please expect my payment by \_\_\_\_\_ (date)
- If you would like to pay by ACH, please contact Ophelia Brown  
At 404-979-2798 or obrown@pointsoflight.org
- Please charge my/our credit card:  Visa  MasterCard  AMEX

---

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

---

Billing Address	City	State	Zip
-----------------	------	-------	-----

**Signature\***

(Required for all gifts)

**Date**

---

Kindly return your signed form to Points of Light  
Points of Light Foundation  
PO Box 161466  
Atlanta, GA 30321-1466