



## 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

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

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Billing Address      City      State      Zip

**Signature\***

**Date**

(Required for all gifts)

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