Donor Pledge Form

We believe **volunteering changes everything**. Thank you for your support!

Your Gift

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

Please direct my/our gift to:

Select one:

☐ Where it is needed most

☐ The George H.W. Bush Points of Light Award

Payment Method

I/we expect to fulfill this pledge (*select one*):

☐ Now

☐ By _____
Date

Select one:

☐ Personal check
(payable to **Points of Light Foundation**)

☐ ACH Withdrawal
(Please contact us)

☐ Credit Card
(Please contact us)

☐ Donor Advised Fund
Please provide your sponsor/ fund name:
_____

About you

_____ _____
First Name Last Name

_____ _____
Home Address City

_____ _____ _____
State/ Province Zip/ Postal Code Phone Number

_____
Email address

☐ I/we would like to receive updates from Points of Light

I/We prefer to be recognized by:

_____
Provide your preferred recognition name

☐ I/we prefer this gift not be recognized publicly

Finalize your pledge

☐ I/we certify that we are receiving no goods or services in exchange for this gift
(For tickets or sponsorships, please contact us)

_____ _____
Signature (*required*) **Date**

Kindly return your signed form to:
Points of Light Foundation
PO BOX 161466
ATLANTA, GA 30321

Questions? Please contact 1(404) 979-2900 or support@pointsoflight.org

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https://www.pointsoflight.org/about-us/disclosure-statement/