



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
(Gifts in Lieu of Attendance)

Payment Method

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

By _____

Now

Select one: ^{Date}

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

Credit Card
(Please contact us)

ACH Withdrawal
(Please contact us)

Donor Advised Fund
(Please contact us)

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/>