



Donation Information and Pledge Card

Name/Title

Organization

Address

City State Zip

Phone Email

Please designate my pledge

In honor of In memory of

Name

Amount to contribute

\$5,000 \$1,000 \$100 \$25
 \$2,500 \$500 \$50 Other \$ _____

**I would like to automatically make
this donation every month**

*(if you checked this box, please be sure
to enter your credit card information)*

Credit card information

Visa Mastercard Discover

Credit Card No.

Exp. Date Verification Code

Signature Date

Please make checks payable to:
Striving for More, Inc.

Pledges can be mailed to:
Striving for More, Inc.
PO Box 97443
Raleigh, NC 27624-7443

Online donations can be made at:
www.striving4more.org
Phone: 919-741-6806

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