

Name _____

Email _____ Phone (__) _____

Address _____

City _____ State _____ Zip _____

I (we) would like to remain anonymous.

Total Amount Pledged \$ _____

THANK YOU!



Please return this form to:
Kokomo Rescue Mission
321 W. Mulberry St.
Kokomo, IN 46901



PLEASE INDICATE HOW YOU WOULD PREFER TO FULFILL THE PLEDGE:

Automatic electronic payments of \$ _____

Multi-year pledge over: 2 years 3 years

every: month quarter year starting on: __/__/__

Automated payments will be made by:

Credit Card

Card Type _____ Exp. Date __/__/__

Card # _____ CW _____

Cardholder name as it appears on card:

Direct Credit

Bank Name _____

Routing # _____

Account Type: Checking Savings

Acc # _____

Scheduled installments of \$ _____

Multi-year pledge over: 2 years 3 years

with every: month quarter year

starting on: __/__/__

*We will send you a reminder statement twice
per year showing the amount due at the time.*

NO scheduled installments

Multi-year pledge over: 2 years 3 years

Payments will be made in various amounts

*We will send you a reminder statement twice
per year showing the full balance due.*

One-time gift of \$ _____ (enclosed)