



2020 -2021 PLEDGE CARD

We truly depend on your support. Thank you!

Please print clearly and complete all information
to ensure that our data base is accurate

Name _____

Address _____

City _____

State/Province/County _____

Zip/Postal Code _____

Country _____

Phone _____ - _____ - _____

E-Mail _____

One-Time Donation Amount: \$ _____

I will send \$ _____ **by check as a Monthly Donation**

Please charge \$ _____ **as a Monthly Donation**

Credit Card # _____

Name of Cardholder _____

Exp. Date ____ / ____ Security Code _____

Cardholder Signature _____

Billing Zip Code/Postal Code _____

sacredartofliving.org

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