



2022-23 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

541-383-4179