

# People Who Care Event 2017

\*Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle if any area of information is new or different:    Address    Phone    Email

## I would like to join the Society of Transitions Sustainers by making a pledge:

\_\_\_\_\_ **Transition a Family:** \$1,000 per year for 5 years

\_\_\_\_\_ **Sustain a Program:** \$5,000 per year for 5 years

\_\_\_\_\_ **Continue the Impact:** \$10,000 per year for 5 years

I want to pledge \$ \_\_\_\_\_ per year for \_\_\_\_\_ years for a total of \$ \_\_\_\_\_  
( Example: \$600 per year for 5 years for a total of \$3000)

I will make payments \_\_\_ monthly \_\_\_ quarterly \_\_\_ semi-annually \_\_\_ annually

## I would like to contribute in other ways:

**Invest:** I am enclosing a onetime gift of \$ \_\_\_\_\_

**Contact me:** I have other thoughts I'd like to share \_\_\_\_\_

**Already have a Pledge?** I am enclosing a payment on my existing pledge of \$ \_\_\_\_\_

I would like to increase or extend my existing pledge please contact me: \_\_\_\_\_

**How I'm Paying:** \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (fill in credit card info below)

VISA/Mastercard: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*When acknowledging my gift in the Annual Report, please list my (our) name(s) as:

*Please print clearly* \_\_\_\_\_

Signature \_\_\_\_\_

Transitions works to end  
poverty and homelessness  
for women and children  
in Spokane.



**Respect lives at Transitions  
Will you help it thrive?**



**Transitions Administration**

3128 N Hemlock St.

Spokane, WA 99205

*help4women.org*

Virtual Pledge 2017