



FEEED OUR FUTURE CAPITAL CAMPAIGN

PLEDGE FORM

Please complete this form and return a signed copy to:

Lisa Diffley, Executive Director

Women & Children's Free Restaurant
1408 N Washington, Spokane, WA 99201

DONOR INFORMATION (please type or print)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

PLEDGE INFORMATION

I (WE) hereby contribute cash and/or assets to: Women & Children's Free Restaurant:

I (We) pledge a total of
\$ _____ \$enclosed _____ \$pledged _____

I wish to have this donation spread over ___1___2___3 years, beginning _____.

Please bill me beginning _____ and thereafter ___monthly___quarterly___yearly

___We would like additional information about WCFR for our estate plans.

CONTRIBUTION FORM

I (We) plan to make our contribution in the form of ___cash___check___charge___stock___other

Please charge my credit card (circle one) MC VISA AMEX

Card number _____ exp date ____/____ 3-digit security code _____

Authorized Signature _____

LISTING (Donors will be recognized in campaign materials, UNLESS anonymity is requested.)

Please list as follows: _____

Signature _____ Date _____

Women & Children's Free Restaurant & Community Kitchen is a 501 (c)(3) non-profit corporation and our tax identification is 91-1399742. Your contribution is tax-deductible to the extent allowed by law.