



# Pledge Form

## **GO WEST!!! USA**

Impacting the future, one life at a time.

### **Donor Information (please print or type)**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### **Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

### **Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

### **GO WEST!!! USA**

4333 North 6<sup>th</sup> Street  
Harrisburg, PA 17110

GO WEST!!! USA is a nonprofit 501(c)(3), 509(a)(1) under the Congressional District Program, and shares its Federal Tax status (Tax Identification Number #: 65-0970090).