

# Pledge Form



Community Partners IN CARING

## Community Partners in Caring

Our mission is to provide support services that allow our senior population to live independently while maintaining dignity, respect, and quality of life.

### Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

### Pledge Information

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

I (we) plan to pay by:  Visa  MasterCard  Check (*please make check to CPC*)  other.

Credit card number \_\_\_\_\_

Exp. Date | CSC (3-digit code) \_\_\_\_\_

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: \_\_\_\_\_

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

Contact me about financial planning and charitable giving.

My employer has a matching gift program. Contact: \_\_\_\_\_

Signature(s)

Date

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

Community Partners in Caring  
120 East Jones Street, Ste 123  
Santa Maria, CA 93454