



## PLEDGE FORM

Amount of each payment \$ \_\_\_\_\_ Number of Payments \_\_\_\_ Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Information: Please complete and fax to 214-279-0053 or mail a check payable to SOS at Zac's Ridge, P.O. Box 695, Alba, TX 75410

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Paying with credit card?** (Please circle the appropriate method and fill out information below.)

Credit Card:      Visa              MasterCard              Amex              Discover

Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Verification Number (last three digits on signature strip on back of card): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*SOS at Zac's Ridge is a non-profit 501(c)(3) organization for Federal income taxes. Please consult your tax accountant regarding the deductible portion of your contribution.*

**THANK YOU FOR YOUR HELP AND SUPPORT!!!**