

Pledge Form

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.

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 or other gifts payable to:

The Baby and I Foundation

P.O. Box 724024

Atlanta, GA 31139