



P.O. Box 10083, Yakima, WA 98909
(509) 452-9653



PLEDGE CARD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Please fill out all information so that we can send you a donation receipt. Thank You!)

Amount	Due
<input type="checkbox"/> \$ _____ other amount.	<input type="checkbox"/> April 21, 2024
<input type="checkbox"/> \$10,000 Pledge	<input type="checkbox"/> 3 Months
<input type="checkbox"/> \$5,000 Pledge	on or before 7/21/24
<input type="checkbox"/> \$1,000 Pledge	<input type="checkbox"/> 6 Months
<input type="checkbox"/> \$500 Pledge	on or before 10/21/24
<input type="checkbox"/> \$300 Pledge	