



## Pledge Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

I would like to pledge \$ \_\_\_\_\_

Please bill me in:  One Payment  Two Payments  Four Payments

Preferred billing dates: \_\_\_\_\_

### **Please make my gift a memorial or tribute:**

In memory/honor of/commemorating:

\_\_\_\_\_

Send notification card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Note \_\_\_\_\_

Thank you for your tax deductible contribution.

A receipt will be mailed to you shortly.

### **Return this form to:**

Attention: Donations

Wynona's House | 185 Washington Street | Newark | NJ | 07102

Fax to: 973-645-1026 | Email to: [receptionist@wynonashouse.org](mailto:receptionist@wynonashouse.org)

**For Questions:** 973-753-1110 or [receptionist@wynonashouse.org](mailto:receptionist@wynonashouse.org)