



An investment in Child Abuse Prevention

Your name _____

Address _____ City _____ Zip _____

Preferred contact phone (*please circle*) Home Business (_____) _____

Would you like billing reminders sent to you via email? Email address: _____

Pledge amount total \$ _____

Levels of Recognition:			
C	Courageous	\$1,200	\$100/month
A	Advocate	\$600	\$50/month
P	Provider	\$400	\$100/quarterly
C	Concern	\$200	\$50/quarterly
	Friends	Other:	

Billing schedule (*please indicate amount*):

Annual Gift: \$ _____ (amount) _____ (which month?)

Quarterly Gift: \$ _____ (amount) (Aug, Nov, Feb, May)

Monthly Gift: \$ _____ (amount)

____ I have enclosed a check for the first payment. **Please make your check payable to CAPC.**

____ Please bill my credit card: ____ Visa ____ MasterCard ____ Discover ____ AmEx

Name (*as it appears on the card*) _____

Card number _____

Expiration date ____/____/____ Code _____ (3 or 4 digit code found on the front or back of your card)

Signature _____

____ Please automatically debit my bank account

Bank name _____

Bank routing number (*the number on the bottom of your check between the colons*) _____

Your account number (*the number on the bottom of your check after the colon*) _____

For automatic debit, please include a voided check with this form.

Child Abuse Prevention Council of San Joaquin County
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