



PLEDGE FORM

Donor Information (please print or type)

Name	
Billing Address	
City, State, ZIP Code	
Email	
Telephone	
Fax	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:

now monthly quarterly yearly

by future date: (please specify) _____

I (we) plan to make this contribution in the form of:

check credit card cash _____ other (please specify)

Credit Card Information (if applicable)

Credit Card Type (Visa, MasterCard, or Amex)	
Credit Card Number	
Expiration Date	
CVV # (3 or 4 digits)	
Authorized Signature	

Gift will be matched by _____ (company/family/foundation)

form enclosed form will be forwarded

Acknowledgement Information:

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Notes:

Please make checks, corporate matches, or other gifts payable to Diavolo. Send gifts to 616 Moulton Avenue, Los Angeles, CA 90031.

All gifts are tax-deductible, to the extent provided by the law.

To discuss your donation further, contact Development Manager Jose Hernandez:

Ph: (323) 225-4290 Ext. 114 or jose@diavolo.org.