

SAFE FOUNDATION DONOR PLEDGE FORM

Amount (check one):

- \$1,200 (12 monthly payments of \$100/month, or 4 quarterly payments of \$300/month)
 \$1,800 (12 monthly payments of \$150/month, or 4 quarterly payments of \$450/quarter)
 \$2,400 (12 monthly payments of \$200/month, or 4 quarterly payments of \$600/quarter)
 \$3,600 (12 monthly payments of \$300/month, or 4 quarterly payments of \$900/quarter)
 \$6,000 (12 monthly payments of \$500/month, or 4 quarterly payments of \$1,500/quarter)
 Other amount: _____

Please Remind Me (check one):

- Monthly Quarterly Semi-annually (twice per year)

Designate your Pledge Donation (check one):

- General operating expenses in my name Anonymous donation
 In honor of (please specify name): _____

Donor Information (we will NEVER share this information with anyone outside SAFE Foundation):

Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Signature

Date

Please mail, or scan/email this completed form to:

SAFE Foundation

1088 Walter Street, Lemont, IL 60439

smia@ix.netcom.com

As always, we are grateful for whatever financial commitment you can make.

Thank you for your support of the SAEF Foundation!