

Making Miracles

at Marbridge



PLEDGE FORM

I would like to become a founding member of the Miracles Society:

- Safety** Level - \$1,000 per year for 5 years
 Well Being Level - \$10,000 per year for 5 years
 Happiness Level - \$25,000 per year for 5 years

I would like to contribute in other ways:

Contribute \$_____ for _____ years Please contact me. I have thoughts to share.

Payment:

My check is enclosed, made payable to Marbridge.

Please charge my Visa/MC. Card No. _____ Expires ____/____

Please contact me about paying my pledge with stock.

My company will match my gift.

We will bill you in December for your annual pledge, unless you request otherwise.

Signature _____

Date _____ Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening (_____) _____

Email address _____

