

PLEDGE CONTRACT

I am interested in pledging my financial support to the Infant Welfare Society of Evanston

Please accept my donation totaling \$_____

Please bill me monthly for \$_____, to be paid by the 30th of each month.

Please bill me quarterly for \$_____, to be paid by March 31st, June 30th, September 30th, and December 31st.

OR

Please charge my ___MasterCard ___VISA \$_____ monthly, to be charged on the 30th of each month.

Please charge my ___MasterCard ___VISA \$_____ quarterly, to be charged on March 31st, June 30th, September 30th and December 31st, respectively.

Name _____

Address _____

City, State Zip _____

Evening Phone _____

Daytime Phone _____

Credit Card # _____

Expiration Date _____

Signature _____

Email Address _____

Please contact me regarding a transfer of Stock _____

Please contact me regarding a transfer of Real Estate _____

Please contact me regarding a letter of intent for a Bequest in my Will _____

Please make your checks payable to the Infant Welfare Society of Evanston.

Infant Welfare Society of Evanston

2200 Main Street

Evanston, IL 60202

847-491-9650

www.iwse.org