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### Campaign Aleinu Pledge and Payment Form

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Total Campaign Aleinu Pledge: \$ \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please explain when and how you wish to pay your pledge: \_\_\_\_\_  
\_\_\_\_\_

Enclosed is my initial payment of \$ \_\_\_\_\_ by (check one)  check  credit card  
 stock (Note: if stock, please see stock donation form)

**If applicable, credit card authorization:**

Name on Card: \_\_\_\_\_

Visa/MC/Discover Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_ (MM/YYYY)

Cardholder Signature: \_\_\_\_\_

**Future billing:**

- Please charge my credit card  Monthly, in the amount of \$ \_\_\_\_\_  Annually in the amount of \$ \_\_\_\_\_
- Please send me an invoice  Monthly, in the amount of \$ \_\_\_\_\_  Annually in the amount of \$ \_\_\_\_\_

**Acknowledgement options:**

- I would like my donation to be recognized
- I prefer to remain anonymous

**If desired, please indicate a tribute**

In honor -or-  In memory of \_\_\_\_\_

Please send an acknowledgement to (name/address): \_\_\_\_\_  
\_\_\_\_\_