



Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly.

Acknowledgement Information

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

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

Signature(s)
Date

Please fill out the information below if you prefer to use a credit card as payment:

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please make checks, corporate matches, or other gifts payable to **Courage International Inc.**, and mailed along with this form (*envelope included*):

Courage International, Inc.
c/o St. John the Baptist Church & Friary
210 W. 31st Street
New York, NY 10001

____ I prefer not to receive a written acknowledgment.

*Whatever you can give will be appreciated.
God bless you and please keep our fund-raising efforts in prayer.*