

# Donation Pledge Form



## **MIND DEFENSE**

*The foundation's mission is to provide encouragement and resources to students on ways to learn or teach others to make responsible choices in life.*

### DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid  Now  Monthly  Quarterly  Yearly

I (we) plan to make this contribution on the form of  Cash  Check

### Acknowledgement Information

Please use the following name (s) in all Acknowledgement \_\_\_\_\_

\_\_\_\_\_

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

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

Please make check, corporate matches  
Or other gifts payable to:

**MIND DEFENSE**  
P O Box 233  
Boynton Beach, FL 33425