



**Candlelighters, NYC** - [www.candlelightersnyc.org](http://www.candlelightersnyc.org)  
 because kids can't fight cancer alone

# Pledge Form

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

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

I (we) plan to make this contribution in the form of:  
 \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
 \_\_\_ form enclosed \_\_\_ form will be forwarded

### 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 make checks, corporate matches, or other gifts payable to:

Candlelighters NYC  
 c/o Barbara Zobia  
 345 East 73rd Street, Apt 2L  
 New York, NY 10021