

PLEDGE CARD



Recovery Café
LONGMONT

I (we) would like to pledge:

Name(s) making pledge _____

Total amount of pledge _____

To be paid over (number) _____ of years (up to five)

Installments of _____ First payment to begin on (date) _____

Email payment reminder (optional):

Monthly ____ Quarterly ____ Semi-Annually ____ Annually ____ (month ____)

In honor/memory of (optional) _____

Please send notification of my gift to: _____

Address _____

Please return to:
Recovery Café Longmont
402 Kimbark St.
Longmont, CO 80501

Make online payment and/or setup
electronic funds transfer:
www.recoverycafelongmont.org

Thank You!

About You:

Address _____

City _____ State _____ ZIP _____

Phone _____ Circle one: Home Cell Business

Email _____

Check here if you do not wish your name to be published: I am interested in including RCL in my will.

Preferred Payment Method:

Credit Card _____ (provide info below) Check _____ Online _____ (EFT available)

Name on Card _____

Card number _____

Expiration date _____ 3-Digit Security code _____

Signature _____ Date _____