

Pledge Form

Post 9/11 Veterans Corp.

A 501 C 3 Non-Profit Corporation

“Bridging the Gap between Veterans and their Local Communities.”

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

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 | Exp. date _____

Credit card number _____ CVV: _____

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: _____

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

Signature(s) _____

Date _____

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

Post 9/11 Veterans Corp.
813 Idlewild Ave
Tampa, Florida 33604

NONPROFIT COMMUNITY ORGANIZATION