



Donor Pledge Statement

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Alt #:** _____

E-mail: _____

Designation of use for your donation: _____

Date(s) and amount(s) of scheduled payments:

Donor signature: _____

Date of pledge: _____

MFM is a 501(c)3 non-profit organization. Your donation may be tax deductible. It is recommended that you consult a tax professional for complete details.