



# POINTS OF LIGHT

## Donor Pledge Form

I would like to support Points of Light with a gift of: \$ \_\_\_\_\_

If you would like to designate your gift, please specify here:

- Please use my gift where it is needed most.
- Support returning veterans, military service members and their families.
- Support disaster response and recovery efforts.
- Support education and youth service.

### Payment Options

I/we will pay by check (payable to Points of Light)

- Check is enclosed
- Please expect my payment by \_\_\_\_\_(date)

Please charge my/our credit card:  Visa  MasterCard  American Express

\_\_\_\_\_  
Cardholder's Name (as it appears on card) | Amount | Card Number | Exp. Date | Security Code\*  
(\*AMEX - 4 digit # on front of card | VISA and MC - 3 digit # on back of card)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
**Signature (required for all gifts)**                      Date

### Listing

Please list me by (check one):  Name  Company  Please keep my contribution anonymous.

\_\_\_\_\_  
**Please print name or company exactly as you would like to be listed in POL materials.**

\_\_\_\_\_  
Contact Name                      Title                      Tel                      Fax                      Email

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address    City    State    ZIP

**Kindly returned your signed form to Points of Light  
Attn: Development  
600 Means Street, Suite 210  
Atlanta, GA 30318 Fax: 404-979-2901 Email:  
rromman@pointsoflight.org**