



One-Time Donation & Multi-Year Pledge *form*

I/We wish to support the Delilah Rumburg Vision for Leadership Fund as follows:

- One-time gift in the amount of \$ _____
 Three-year pledge

If making a multi-year pledge:

Total Pledge: \$ _____

Frequency of payments: *(select one)* Monthly Quarterly Semi-annually Annually

Pledge Start Date: _____ *PCAR will mail pledge statements based on the schedule you determine is best for you.*

Pledge End Date: _____

Optional Pledge Payment

Enclosed is the first payment of \$ _____

- Check *(payable to PCAR)* Credit card or debit card

As specified above, I authorize PCAR to charge my: Visa Mastercard

Card number _____ Exp Date _____

Name on card _____ CVV Code _____

- My credit card billing address is the same as the address listed below

If different, please provide billing address: _____

Signature _____ Date _____

Matching Gifts

- I anticipate my gift will be matched by *(specify company)* _____

Donor Information

Name _____

Address _____

City, State Zip _____

Phone number _____ Email _____

Please print how you would like your name listed _____

- I wish to remain anonymous *Please mail this pledge form and optional payment to the address below.*



Pennsylvania Coalition Against Rape

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