



2012 Pledge Form

THANK YOU FOR PLEDGING YOUR SUPPORT OF THE MOVEMENT CENTER

Donor Information

Name	
Billing address	
City, State Zip	
Telephone	

Pledge Information

Choose your pledge level and payment option

Member Level	Monthly	Quarterly	Yearly
Sustaining Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$600	<input type="checkbox"/> \$2400
Supporting Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300	<input type="checkbox"/> \$1200
Practicing Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150	<input type="checkbox"/> \$600
Standard Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$400
Family Membership	<input type="checkbox"/> \$75	<input type="checkbox"/> \$225	<input type="checkbox"/> \$900
Other Amount	_____	_____	_____

I (we) plan to make this contribution in the form of:

___ cash ___ check ___ credit card

___ Auto pay option: Please charge my credit card automatically each month.

Credit card type:	
Credit card number:	
Expiration date:	CVV code:
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Please make return your pledge form to:

The Movement Center
 PO Box 13310
 Portland, OR 97213