



2010 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"/> \$800	<input type="checkbox"/> \$2400
Supporting Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$400	<input type="checkbox"/> \$1200
Practicing Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$200	<input type="checkbox"/> \$600
Standard Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$400
Family Membership	<input type="checkbox"/> \$75	<input type="checkbox"/> \$300	<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