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.

PCAR
Pennsylvania Coalition Against Rape
2101 N Front Street, Governor’s Plaza North, Building #2, Harrisburg, PA 17110
www.pcar.org