



Fiscal Year 2023 Pledge Form

Name: _____

Email: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Preferred form of contact: Phone Email Mail

Pledge Details

Total amount pledged: \$ _____ Timeframe: 2 years 3 years 4 years
 Other (please specify) _____

Pledge date: _____ First payment date: _____

First payment amount: \$ _____ Remaining balance: \$ _____

Form of payment: My check is enclosed, made payable to Doorways.

Please charge my credit card, number: _____

Expiration: _____ Security code: _____

Payment schedule: Monthly \$ _____ or Annually \$ _____

Recognition: Please confirm how you would like to be listed in external publications.

_____ or I prefer to remain anonymous.

Signature: _____ Date: _____

By checking this box, I agree that my typed signature is the legal equivalent to my handwritten signature.

Doorways · PO Box 100185, Arlington, VA 22210 · (703) 504- 9400 · www.DoorwaysVA.org

Donations made to Doorways, a charitable 501(c)(3) organization, are tax-deductible (EIN 54-1087829).