

# TIDEWATER PASTORAL COUNSELING SERVICES

This pledge form may be printed, completed and directed to TPCS (mailing address below).

My/Our **Pledge for the Future** is \$ \_\_\_\_\_

Donor Name(s) \_\_\_\_\_

*Please print clearly as you prefer to appear on TPCS contributor listings*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My/my spouse's company will match this gift: Yes \_\_\_\_\_ No \_\_\_\_\_

*If a matching gift is offered by Spouse's company, please provide complete info below:*

Spouse's Name \_\_\_\_\_

Spouse's Company \_\_\_\_\_ Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My/Our Gift is given  in Honor of OR  in Memory of: \_\_\_\_\_

*Please print name*

*Please mail acknowledgement card to:*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## \*\*\*\*\*Pledge Payment Plan\*\*\*\*\*

Step 1) My (Our) initial payment of \$ \_\_\_\_\_ is submitted as follows:

Check enclosed (*made payable to Tidewater Pastoral Counseling Services*)

Credit Card \_\_\_ VISA \_\_\_ MasterCard

Print name as appears on card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Step 2) The balance of my/our pledge will be paid as follows:

in equal installments of \$ \_\_\_\_\_ beginning in \_\_\_\_\_ (MO) of \_\_\_\_\_ (YR)

and in increments as follows (*please check your choice below*):

\_\_\_ Annually; \_\_\_ Semi-Annually; \_\_\_ Quarterly; \_\_\_\_\_ Other (*define*)

Step 3) Please sign and direct to TPCS at 7305B Hampton Blvd., Norfolk, VA 23505

Authorizing Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_

**TPCS is a 501(c)(3) non-profit. Donations are tax-deductible.**