



Pledge Form

I/We Want to **Do More Good!**

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred phone(s): _____

Total Amount of Gift: \$ _____

Gift will be fulfilled with: Cash _____ Stock _____ Other _____

Time Frame (not to exceed 5 years): _____

Send me a reminder in: _____ month(s)

My gift to DSUMF is for the benefit of: _____

Donor Signature: _____

Date

Donor Signature: _____

Date

Accepted by: _____

Anne Green, Executive Director

Date

*Please print and mail completed form to DSUMF, 1300 S. Litchfield Road,
Suite 220-O, Goodyear, AZ, 85338 or email to agreen@dsumf.org. Thank you!*