

## Donor Information (please print or type) Name Billing address City, ST Zip Code Phone 1 | Phone 2 Fax | Email Pledge Information I (we) pledge a total of \$\_\_\_\_\_ to be paid: □now □monthly □quarterly □yearly. I (we) plan to make this contribution in the form of: $\Box$ cash $\Box$ check $\Box$ credit card $\Box$ other. Credit card type | Exp. date Credit card number Authorized signature Gift will be matched by (company/family/foundation) □form enclosed□form will be forwarded **Acknowledgement Information** Please use the following name(s) in all acknowledgements: $\square$ I(we) wish to have our gift remain anonymous. Signature(s) Date Big Brothers Big Sisters of Southeastern New Mexico Please make checks, corporate matches, 1717 W. Second St., STE 200 or other gifts payable to: Roswell NM, 88201 Big Brothers Big Sisters of Southeastern New Mexico

Phone: (575) 627-2227 Fax: (575) 627-5957