



## DONATION PLEDGE FORM

Business Name	Name (last, first)
Mailing Address	Email
City, State, Zip	Phone _____
Website	Alternative Phone

### Donation Description

Check One: <input type="checkbox"/> cash <input type="checkbox"/> Check <input type="checkbox"/> Product/Item
Check One: <input type="checkbox"/> sponsor a child (\$750) <input type="checkbox"/> donation
Amount:
Description:
Notes

Non-profit under Bridges Community Resource Network / Tax ID# 92-0151271

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