



VIRTUAL FUNDRAISING

Gala

PLEDGE CAMPAIGN

Please fill out this form and email to rlopez@svdpla.org or mail to:
210 N. Ave 21, Los Angeles CA 90031

NAME: _____

STREET: _____

STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Yes! I would like to support SVDPLA CAMP GALA
by making a contribution of \$ _____

Enclosed is my check made payable to:
St. Vincent de Paul CAMP GALA

I will send (#) _____ monthly payments
of \$ _____ by check.*

Charge the full amount to my credit card

Charge (#) _____ monthly payments
of \$ _____ to my credit card.*

***Monthly payments up to 12 months upon receipt of pledge.**



Account # _____ Exp. Date: _____

Name as it appears on card

Billing Zip Code

List my donation as Anonymous

Your committment is an intention to give only.
The amount of your gift maybe changed
at anytime by contacting us.

Signature: _____ Date: _____

All gifts to SVDPLA
are fully tax deductible!