

Donor Pledge Form

Secure Beginnings is humbled by your multi-year pledge. These deep commitments allow us to plan strategically and thoughtfully as we fulfill our mission to *nurture healthy relationships for families with children 0-5 through classes, groups, and programs supported by educators and professionals in this field.*

DONOR INFORMATION

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list my/our gift using this donor name: _____

or ___ I/we prefer to remain anonymous

PLEDGE INFORMATION

I/We pledge to donate a total amount of \$ _____ to Secure Beginnings.

Start Date (Month/Day/Year): _____ End Date (Month/Day/Year): _____

I/We will pay (circle one): Annually* Quarterly* Monthly

For annual and quarterly donations, Secure Beginnings will send reminders one month before each payment is due.

All gifts will be applied to the area of greatest need unless directed otherwise.

I/We prefer to direct my/our gift to this area: _____

PAYMENT INFORMATION

____ My/Our first payment is enclosed or will be mailed by _____ (date). Please make check payable to *Secure Beginnings and mail to address below*

____ Credit Card (I/We will make a secure credit card payment online at <https://securebeginnings.org/donate>)

Signature _____ Date _____

To return this form, please print, sign and mail to: Secure Beginnings, PO Box 285 Ojai, CA 93024,

or scan and email to lindsey@securebeginnings.org.

Questions? Call Lisa Griffiths, Board Chair at 310.704.8556