Pledge Form

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|  | **AR Kids Read**Building Stronger Readers Builds a Stronger Community and Brighter Futures |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone |  |
| Email |  |

### Pledge Information

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: now by March 4th.

I (we) will make this contribution in the form of: cash check credit card.

NOTE: Please make credit card payments at [www.arkidsread.org/donate](http://www.arkidsread.org/donate).

Gift will be matched by (company/family/foundation)

form enclosedform will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make checks, corporate matches,  or other gifts payable to: |  | AR Kids ReadP.O. Box 22701 Little Rock, AR 72221 |