

**Pledge Form**

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |

### Pledge Information

I (we) pledge a total of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: [ ] now [ ] by March 2nd.

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 enclosed[ ] form 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 22701Little Rock, AR 72221 |

Please complete and return guest information on the next page by March 2nd.

Donor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Guest 1 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 2 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 3 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 4 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 5 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 6 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 7 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 8 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 9 Name |  |
| Physical Address |  |
| Email Address |  |

|  |  |
| --- | --- |
| Guest 10 Name |  |
| Physical Address |  |
| Email Address |  |