Pledge Form

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| --- | --- |
| C:\Users\lytle\AppData\Local\Microsoft\Windows\INetCacheContent.Word\LOGO WITH BORDER no yellow blue.png | **HUG Alliance, Inc.’s mission is to provide spiritual, physical and emotional support to distressed people and communities with an underlying vision of healing through giving.** |

**Donor Information (please print or type)**

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### **Pledge Information**

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: [ ] now [ ] monthly [ ] quarterly [ ] yearly.

I (we) plan to make this contribution in the form of: [ ] cash [ ] check.

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:** |  | **HUG Alliance, Inc.**12233 Knob Hills RoadLynnville, Indiana 47619 |

Hug Alliance, Inc. is a 501(c)3 nonprofit organization. Our Federal Tax ID Number is 87-4715544.

12233 Knob Hills Road, Lynnville IN 47619 -- (812)457-4749