

Pledge Form



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 Road
Lynnville, Indiana 47619