

# FRIENDS of IROC

## PLEDGE FORM

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

E-mail \_\_\_\_\_

I wish to become a Friend of IROC by making a monthly contribution in the following amount:  
[ ] \$5 [ ] \$10 [ ] \$25 [ ] \$50 [ ] \$100 [ ] Other: \_\_\_\_\_

I wish to pay through Electronic Funds Transfer to be made on the first of each month or

I wish to pay by check on the first of each month

I do not wish to make a monthly contribution, but wish to make a single donation of \$\_\_\_\_\_

Payment Method:  Cash  Check  Other\*

I want to give using my credit card

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDERS NAME *(Please print)* \_\_\_\_\_

CARDHOLDERS SIGNATURE *(required)* \_\_\_\_\_

\$

AMOUNT PER MONTH

(\_\_\_\_\_)

PHONE NUMBER \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

### CREDIT CARD OPTIONS:

SINGLE GIFT  MONTHLY GIFT  
 MasterCard  Visa

I wish to make my gift:  In honor of  In memory of

(MR./MRS./MS./DR.) \_\_\_\_\_

OCCASIONS/INSTRUCTIONS \_\_\_\_\_

Please return your signed commitment to IROC, PO Box 558, Derby, VT 05829 or fax to (802) 334-5775.

*The Board of Directors, staff and volunteers of IROC thank you for your generous support.*