



Annual Giving Pledge Form

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email Address _____

Your name as you wish it to appear for donor recognition purposes:

This gift should remain anonymous.

GIFT/PLEDGE INFORMATION

Gift Amount: \$ _____

____ One Time Gift

____ Recurring Gift

- Annually
 Quarterly
 Monthly

Recurring payments by credit card will be charged on the first of the month for the time period specified.

Recurring payments by check will receive regular payment reminder.

TRIBUTE INFORMATION (IF APPLICABLE)

This gift is

- In honor of
 In memory of

Name: _____

Name and Address for tribute acknowledgement:

PAYMENT INFORMATION

__ Check Enclosed __ Amex __ Visa __ Discover __ MC

Card Number _____ Sec Code _____ Expiration _____

Name on Card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

Use the address above

Please make checks payable to The Emerge Center

7784 Innovation Park Drive
Baton Rouge, LA 70820

If your employer matches your charitable donations, please be sure to send us a matching gift form.

Baton Rouge Speech and Hearing Foundation (doing business as The Emerge Center) is a 501c3 charitable tax exempt organization. All contributions are tax deductible as allowed by law.