

# Pledge of Support

## The Arc of the Central Chesapeake

Date \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### Payment:

Please charge my:  Visa  MasterCard  American Express

Amount of charge \$ \_\_\_\_\_  Monthly  Other frequency \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card \_\_\_\_\_

- Please contact me about paying my pledge with stock.
- My company will match my gift.**
- I would like to become a member of The Arc (membership form in The Arc brochure).
- Please contact me. I have other thoughts to share. (Use back of this form.)

*Thank you for your support!*

*Please mail this form to 931 Spa Road, Annapolis, MD 21401  
Or fax it to 410.269.0091*