

## GIVE MIAMI DAY 11.21.2024

PLEDGE FORM

Yes! I want to make a difference on Give Miami Day!
Please charge my credit card \$\_\_\_\_\_\_

| NAME                               |                  |                   |
|------------------------------------|------------------|-------------------|
|                                    |                  |                   |
| First Name                         | Last Name        |                   |
| BILLING ADDRESS                    |                  |                   |
|                                    |                  |                   |
| Street Address                     |                  |                   |
|                                    |                  |                   |
| City                               | State / Province | Postal / Zip Code |
| PHONE NUMBER                       | EMAIL            |                   |
|                                    |                  |                   |
| CREDIT CARD INFORMATION            |                  |                   |
|                                    |                  |                   |
| Card Number                        | CVV              | Expiration Date   |
| I WANT MY DONATION TO BE ANONYMOUS |                  |                   |
|                                    |                  |                   |
| THIS DONATION IS                   |                  |                   |
| IN MEMORY OF                       |                  |                   |
| IN HONOR OF                        |                  |                   |

THANK YOU FOR YOUR SUPPORT!
PLEASE EMAIL THIS FORM TO JESSICA PLA AT JPLA@FJI.LAW. WHEN WE PROCESS YOUR PLEDGE, A TAX RECEIPT WILL BE SENT BY THE MIAMI FOUNDATION.