



Home & School for Children in Crisis
in Eastern North Carolina

Pledge to Stroke of Faith, Inc.

NAME(S) _____

ADDRESS _____

CITY/STATE/ZIP _____

My/our pledge to Stroke of Faith, Inc. is: \$ _____ **TOTAL**

Initial gift amount: \$ _____

Remaining pledge amount: \$ _____

Purpose:

\$ _____ Designated for _____

\$ _____ Designated for _____

\$ _____ Undesignated at this time with purpose to be determined later

My/our pledge will be completed as follows:

\$ _____ annually for _____ years, beginning _____

and ending _____.

Please begin reminders in:

_____ (month)/ _____ (year)

Remind me: (annually) (semiannually) (quarterly)

Please see next page to complete your pledge.

Method of payment:

Check — Payable to Stroke of Faith, Inc.

Charge — Please charge my/our first contribution of \$_____ to:

MasterCard

Visa

American Express

Card Number _____

Expiration Date: _____(month)/(year)

Bank Draft — Please send the appropriate form.

Stock — For transfer instructions, please contact us by email: strokeoffaith@aol.com .

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Checks should be made payable to Stroke of Faith, Inc.

Please return to:

Stroke of Faith, Inc.

PO Box 12182

New Bern, NC 28561

Thank You!