

Count Me In! Pledge Form



W.A.G.S. 4 Kids Employee Giving

<Enter Company Name Here>

Providing Mobility Service & Autism Service Dogs to
Children with Special Needs in Northeast & Central Ohio

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

I do not want periodic updates from W.A.G.S. 4 Kids to be sent to my e-mail address

Pledge Information

I am paid (Check One) Weekly Bi-Weekly Monthly Other _____

Please deduct the following amount from each paycheck I receive (Check One):

\$5 \$10 \$25 Other _____

I would like to make a one-time donation to W.A.G.S. 4 Kids: Amount: \$ _____

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type, Exp Date & Sec Code _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation)

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

W.A.G.S. 4 Kids Employee Giving

112 East Center Street
Berea, Ohio 44017