

**Helen White Memorial Trail Pledge
For Our Kids – For Our Community**

Volunteer who solicited you: _____

Donor Name: _____

Mailing Address: _____

Billing Address (if different than above): _____

Telephone: _____ Email: _____

I agree to pledge a total gift of \$ _____

Enclosed is payment for \$ _____

Method of Payment:

___ Check/Money Order (made payable to West Modesto King Kennedy Neighborhood Collaborative)

___ Credit/Debit Card: ___ Visa ___ MasterCard ___ Discover Card

(Note: If using a credit or ATM card, we appreciate an additional amount of 2% above your donation for the credit card fee)

Account Number: _____ Expiration Date: _____

Please provide 3 digit security code on reverse of card: _____

Name as it appears on card: _____

Signature: _____

Please charge my card \$ _____ One time _____ Monthly _____ Every three months _____

Balance Due: \$ _____

I would like to pay the balance in individual payments of \$ _____ for a period of _____ months
on the _____ day (example: 15th) of each month via my credit/debit card listed above.

On the honor roll of donors, I would like to be listed as follows: _____

Gifts made payable to the Stanislaus Multi-Cultural Community Health Coalition (SMCHC)*West Modesto/King Kennedy Neighborhood Collaborative (WMKKNC) are tax deductible. The West Modesto/King Kennedy Neighborhood Collaborative is a 501 (c) 3 tax exempt organization.