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Pledge Form

I would like to support the important work of FaithTrust Institute! Here is my monthly pledge of \$_____ for _____.

I understand that FaithTrust Institute will provide a summary of my donations at the end of each calendar year.

Payment Options:

I will pay with a credit card – please fill out account info:

Type of Card: MasterCard Visa American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

I will pay with a check mailed to FaithTrust Institute on a monthly basis.

I will pay online at www.faithtrustinstitute.org setting up monthly billing through PayPal.

Please list your mailing address below:

Signature _____ Date _____

THANK YOU
For Working with Us to Prevent Sexual and Domestic Violence!