

# Join us in being one of the first communities in the U.S. to embrace Full Inclusion for All People

## Yes I would like to be part of MORE's Future!

This Pledge Form officially designates your gift to MORE's Building Renovation Fund. This pledge is made in accordance with uniform accounting procedures.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Amount:

#### *Giving Level Commitments*

\$ \_\_\_\_\_ \$100 - \$500

\$ \_\_\_\_\_ \$501 - \$1,000

\$ \_\_\_\_\_ \$1,001 - \$5,000

\$ \_\_\_\_\_ Other

### Please check your preferred method of payment:

- Pay in full
- Monthly payments (due the 1st of the month)
- Bi annual payments for three years (due January 1st and July 1st)
- Annual payments for three years (due based on initial payment date)

### Payment info:

- CHECK payable to: Mother Lode Rehabilitation Enterprises, Inc., MORE
- Contact me for my CREDIT CARD information
- CREDIT CARD: Visa    Master Card    American Express    Discover

Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CDC Code \_\_\_\_\_

### Name or message that you would like to be used for your recognition:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For additional payment and pledge options please call our office  
(530) 622-4848 ~ Fax (530) 622-0204 ~ Tax ID #94-2216171**

*You can help make this dream a reality!*