

Central Iowa Shelter & Services

Gift/Pledge Form

Serving the Homeless with Dignity Since 1992

I/We want to help defer the costs of the Shelter in the amount of:

\$50 \$100 \$500 \$1,000 Other \$_____

Name(s) _____

Address _____ City _____

State _____ ZIP _____ Phone _____

Fax _____ Email _____

Check is enclosed

Please bill my/our credit/debit card

Immediately

On _____
(date)

Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date ___/___/___

Signature Authorizing Credit Card Payment _____

Please bill me/us for a pledge of \$_____:

Monthly Quarterly Annually Other (Describe) _____

Please print and send this completed page to:

Central Iowa Shelter & Services 205 15th Street, Des Moines IA 50309