

# Pledge Form



Company/Organization/Individual Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

Preferred Name Listing \_\_\_\_\_

## Sponsorship Commitment

Amount/Level \_\_\_\_\_

- I am fulfilling the entire pledge at this time.
- I will pay the entire pledge on or before August 1, 2025\*.  
\* Initial payment due 30 days upon signing.
- I would like to be billed in \_\_\_ installments of \$ \_\_\_\_\_
  - Monthly     Weekly     Bi-weekly     Beginning on \_\_\_\_\_

## Payment Information

- Check enclosed (payable to "LACASA Center")
- Credit Card
  - Card Type \_\_\_\_\_
  - Card number \_\_\_\_\_
  - Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_
- Other: \_\_\_\_\_

## Confirmation

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

My signature indicates authorization to make this commitment to LACASA.  
**Important Note:** Once your donation is processed, we will send you an email confirmation to the email address you provided above.