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## **PLEDGE FORM**

## **Donor Information**

Name:	Email:	
Spouse/Partner's Name:	Email:	
Contact Person (for Corporation/Foundation Pledge):		
Address:		
City/State/Zip:		
The above donor(s) pledge to pay The Life Raft Group the	sum of \$	to be used for
(Name of project or progr	am)	
If applicable, funds received will be used in accordance wi with the project or program named above.	th the Guideline	e Agreement associated
PLEDGE INFORMATION This commitment may be paid over not more than five year	ars from the dat	e of signing this pledge:
Pledge Year 1 \$Pledge Year 2 \$		
Pledge Year 3 \$Pledge Year 4 \$		
Pledge Year 5 \$		
Pledge payments are to begin in the month of	Year	
Pledge payments are to be paid (check one):		
Annually Semi-annually Quarterly	Monthly	
<ul> <li>Regarding payment options, please note the following:</li> <li>If you are paying by check, please make checks pay</li> <li>If you wish to make a gift through a wire transfer, passistance.</li> <li>If you would like to pay with a credit card, please phttps://liferaftgroup.org/donate-2/ or call 973-83</li> </ul>	please contact 9 pay online at	
Please check all that apply:  I/We wish to remain anonymous. The terms of this gift are to please note, I/We have included The Life Raft Group in my/		