



THE GUIDANCE CENTER  
**KIDS-TALK**  
 CHILDREN'S ADVOCACY CENTER

# FROM TRAUMA TO TRIUMPH

A CAMPAIGN FOR KIDS-TALK DETROIT

## PLEDGE FORM

**Yes! I want to support the new Kids-TALK Children's Advocacy Center!**

This gift is a personal (gift) OR  This gift is on behalf of an organization/company/foundation

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### MY GIFT

I am making a one-time gift of \$ \_\_\_\_\_ OR

I am pledging \$ \_\_\_\_\_ to be paid over (circle one): 1 year    2 years    3 years

### FIRST PAYMENT

My check made payable to *The Guidance Center* is enclosed.

Please charge my credit card in the amount of \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ / \_\_\_\_\_    CCV: \_\_\_\_\_

### PAYMENT SCHEDULE

Annually – Please invoice me each year during the month of \_\_\_\_\_

Monthly – Please charge my credit card in equal installments of \$ \_\_\_\_\_ on the first day of each month beginning in the month of \_\_\_\_\_

Quarterly – Please invoice me 4 times per year in equal installments on the first day of the following four months: \_\_\_\_\_

### RECOGNITION

For recognition purposes please list my name as: \_\_\_\_\_

I would like my gift to be anonymous.

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

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

For questions, please contact Erin Southward at [esouthward@guidance-center.org](mailto:esouthward@guidance-center.org) or 734-785-7705 x7235.