

Donation Pledge Form

BetterALife Inc.



Our Mission: To leave no child hungry. We believe a child will study more and have more opportunity for success if they start their day with a full belly versus thinking about if they will have a next meal.

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

Please mark us down as a Gold Sponsor(\$3000) Silver Sponsor(\$2000) Bronze Sponsor (\$500)

General Support (Any amount)

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to: BetterALife Inc.

BetterALife Inc.
816 Pencoast Drive
Purcellville, VA 20132

Your donation is tax deductible (EIN 81-4450998)

