



P.O. Box 2205
Liverpool, NY 13089
315.530.8926
www.movealonginc.com

Pledge Form

"At Move Along our mission is to provide recreational opportunities and sports activities geared towards the needs of children and adults with physical disabilities living in Central NY. By offering an array of different activities and opportunities we foster an environment which promotes peer mentoring, inclusion and social awareness to everyone within the community."

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

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	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

Acknowledgement Information

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

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

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:
*

Move Along
P.O. Box 2205, Liverpool, NY 13089