



P.O. Box 5220
Oswego, NY 13126
315.350.1726
www.movealonginc.org

Monetary Donation/Pledge

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 programs and activities we foster an environment which promotes peer mentoring, inclusion and social awareness to everyone within the community

Donor Information (Please print or type)

Name(s)	
Street Address	
City	
State	
Zip Code	
Telephone (Home)	
Telephone (Bus.)	
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 Information

Name on Card	
Credit Card No.	
Expiration date	
Security Code	
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 [] I (we) wish to have our gift anonymous

Signature(s):
Date: