

# ScottCares Foundation Pledge Form

1. **My Information.** Please print. Your information is never shared.

Name \_\_\_\_\_

Home Address (For credit card charges, address listed must be your billing address.) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Company Name \_\_\_\_\_

*Embracing the Arts,  
While Teaching and Promoting Computer Literacy And Technology.*



## 2. My Gift

Cash/Check: Enclosed, made payable to ScottCares Foundation \$ \_\_\_\_\_

Bill Me: Home Address required (include in Section 1) \$ \_\_\_\_\_

Credit Card Gift: Please charge my credit card \$ \_\_\_\_\_

Visa    Mastercard    Discover

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVC#: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

## 3. My Signature

X \_\_\_\_\_  
Signature Date

THANK YOU FOR YOUR GENEROUS SUPPORT!  
ScottCares Foundation  
P.O. Box 30421 • Winston-Salem, NC, 27130  
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[www.scottcaresnc.org](http://www.scottcaresnc.org)  
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