

**Prevent Child Abuse Louisiana  
Pledge Form**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

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

**Giving Opportunities:**

(Check One)

			<b>Pledge</b>	<b>Received</b> (Office use only)
<input type="checkbox"/>	Corporate	\$5,000	_____	_____
<input type="checkbox"/>	Visionary Leader	\$5,000	_____	_____
<input type="checkbox"/>	Community Frontrunner	\$2,500	_____	_____
<input type="checkbox"/>	Awareness Advocate	\$1,000	_____	_____
<input type="checkbox"/>	Prevention Ambassador	\$500	_____	_____
<input type="checkbox"/>	Family Ambassador	\$100	_____	_____
<input type="checkbox"/>	Other		_____	_____

*\*For Membership Benefits, see the reverse side of the form*

**Payment Schedule:** Monthly \_\_\_\_\_ Bi-annually \_\_\_\_\_ Enclosed \_\_\_\_\_  
(Check One) Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

*\*For your convenience, we can invoice you or charge your bank card according to your chosen payment schedule*

**Invoice:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Bank Card:** Yes \_\_\_\_\_ No \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please send reply to: PCA Louisiana  
733 East Airport Ave., Suite 101  
Baton Rouge, Louisiana 70806

Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
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Prevent Child Abuse Louisiana is a private, non-profit organization. All donations are tax deductible to the fullest extent of law. For your records, our tax ID# is 72-0871044.