



SNAC

SNAC

INDIVIDUAL PLEDGE OF SUPPORT

825 West Evans St.
Florence, SC 29501
843-407-1485

Name: _____

Donor #: _____

Address: _____ Postal Code: _____

Phone: _____

Email: _____

I/We wish to pledge \$ _____ per week / month / year (circle one) to SNAC (Shelter & Nutrition for Children), over the next five (5) years for a total amount of \$ _____.

Or

I/We wish to make a contribution of:

\$100 \$150 \$200 \$250 \$500 \$1,000 Other \$ _____

Please choose one of the following payment options:

_____ Checks – please make checks payable to SNAC and enclose with this form.

_____ Pre – Authorized payment (Automatic bank debit deducted on the _____ (day) of each month). Please enclose a voided check. You may stop payment **at any time** by simply writing a letter with 30 days' notice to SNAC.

_____ Other, please specify _____

A tax receipt will be issued annually. Please notify SNAC of any future changes in account information.

(Company)

(Signature)

For SNAC Use only:

Date Received

Completion Date