

SISTERHOOD 4 VETS, INC.

Donor Pledge Form

I/We pledge \$ _____ in support of the Sisterhood 4 Vets, Inc. mission to provide vacation accommodations to eligible female veterans residing in the Commonwealth of Pennsylvania.

This pledge will be paid over a period of _____ months/years, beginning with my first gift on Date _____.

Please send reminders _____ annually _____ semi-annually _____ quarterly

This pledge is given in memory of _____

or in honor

of _____

Please

notify _____

at this

address _____

Signature

Date

Name _____

Address _____

City _____

State _____ Zip _____

Home Telephone _____ Mobile

Telephone _____

Email Address _____

Thank you for your pledge.

Please make your tax deductible check payable to Sisterhood 4 Vets, Inc.

Send your contribution to:

Sisterhood 4 Vets, Inc.
PO Box 27324
Philadelphia, PA 19118