changing lives, shaping brighter futures
formerly Family Services Woodfield

Pledge Form

I/We (name/s) _____

would like to partner with FSW Inc., CT by pledging $_____ to be paid in full by _____.

Please indicate preferred frequency of payment:

- ☐ One annual installment on _____
- ☐ Semi-annual installments on _____ and _____
- ☐ Quarterly installments on _____, _____, _____, and _____
  - ☐ *Please send reminders when payments are due.*

Please indicate preferred method of payment: ☐ Check to FSW Inc. CT ☐ Credit Card

_____ ☐ MC ☐ Visa ☐ AmEx **Expires**: _____/_____
(Your information will be secured.)

Name on credit card: _____ Billing zip code:_____

Signature: _____ Date: _____

Address: _____
Street State Zip

Phone: _____ Email: _____

Matching gifts:

A matching gift(s) of $_____ will be made by _____
(Name of Organization)

- ☐ My matching gift form is enclosed.
- ☐ I have notified the organization of my gift.
  - ☐ FSW will be contacted directly by _____
  - ☐ Please contact their representative at _____

How would you to be listed in the Annual Report? _____
☐ I/We would prefer not to be listed in the annual report or any FSW communications.

Name(s): _____ *(Please print legibly)*

Street: _____ City: _____ ST _____ Zip: _____

Home phone: _____ Business: _____ Mobile: _____

Signature: _____ Date: _____

Please mail the signed pledge form (and check if making a payment) to:
FSW Inc. CT Development Office / 475 Clinton Avenue / Bridgeport, CT 06605

We thank you, on behalf of our clients!