

Annual Appeal Pledge Form

Donor Information *(please print)*

Name(s): _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home E-mail: _____

- YES!** I want to help Interact in its mission of providing exemplary services in the areas of Aging, Behavioral Health, and Intellectual Disabilities, for the purpose of assisting people to achieve their maximum potential and enhancing their quality of life.

Donation amount: \$ _____

I would like to make my payment:

- All at once *or* In _____ installments of \$ _____ beginning on ____/____/____
 Monthly Quarterly Semi-annually
(every month) (every 3 months) (every 6 months)

Form of payment:

- Check enclosed (payable to "Intercommunity Action")
 Credit Card: VISA MASTERCARD (circle one)

Card #: _____ | _____ | _____ | _____

Exp. Date: ____/____ Signature: _____

- Please bill me. *Your signature authorizes Interact to charge your credit card per the terms listed above (i.e., every month, every three months, twice a year).*

- Please direct my gift to the program where it is most needed.*
or I would like my gift to support the following division:
 Aging (Journey's Way) Behavioral Health Services Intellectual Disabilities

**If no selection is made, your gift will be directed where it is most needed.*

- I would like to remain anonymous.
 My or my spouse's company will match this pledge. The matching gift form is enclosed.

Donations can also be made online by visiting www.intercommunityaction.org

For answers to your questions, please call our development office at 215-487-0567.

Donations are tax deductible to the extent allowed by law.

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Please make a copy for your records.
Thank you for your support!