

SEFA (Southbridge Emergency Fuel Assistance) PLEDGE FORM

Donor Information

Name: _____

Billing Address: _____

City: _____

State/Zip: _____

Telephone (home): _____

Telephone (business): _____

Telephone (mobile): _____

Fax: _____

Email: _____



Pledge Information

I (we) pledge a total of \$ to be paid:

Now Monthly Quarterly Yearly

I (we) plan to make this contribution in the form of:

Cash Check Other

If your company participates in a charitable matching program, please identify below:

Gift will be matched by _____ (company/family/foundation).

Address: _____

City: _____

State/Zip: _____

Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following names in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s): _____

Date: _____

Date: _____

Please make checks, corporate matches, or other gifts payable to:

St. Mary's
Attention: SEFA Program
263 Hamilton Street
Southbridge, MA 01550

Thank you in advance for your donation! ☺