



# PLEDGE CARD

Support A Child (SAC)  
P. O. Box 441505  
Houston TX, 77244-1505

Donor No.: \_\_\_\_\_ (if available)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Contribution:

- One Child \$250       Two Children \$500       Three Children \$750  
 Five Children \$1,250       One Child for 12 years \$2,500       Any Amount \_\_\_\_\_

Preference:  Boy  Girl      Preference of State: \_\_\_\_\_

My company will match my donation!

Company Name: \_\_\_\_\_

Make your check payable to: SAC  
and mail to: SAC, P. O. Box 441505 · Houston TX, 77244-1505  
If Paying by Credit Card, please fill out below

Name on Card: \_\_\_\_\_

Card No.: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVV#: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

How did you hear about SAC? \_\_\_\_\_

Name of the volunteer who recommended: \_\_\_\_\_