



Hillside Work-Scholarship Connection

# Pledge Drive Online Donation Form

PLEASE PRINT

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

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

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

(Please indicate whether address is your  Home or  Work)

City / State / ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PLEDGE INFORMATION

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

I pledge a total of \$ \_\_\_\_\_

I plan to make this contribution in the form of :

Cash  Check (# \_\_\_\_\_)  Credit Card (Visa or Mastercard only)

Please make checks payable to Hillside Children's Foundation

\_\_\_\_\_  
Card #

Expiration Date: \_\_\_\_/\_\_\_\_

Verification code: \_\_\_\_\_ (3-digit code on back)

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

\_\_\_\_\_  
Signature

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