



Samaritan Group member pledge form

Yes, I am interested in becoming a member:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please accept my yearly pledge of:

(Contact us to make monthly payment arrangements)

Partner level
(\$200.00 - \$599.99)

Amount pledging: _____

Bronze level
(\$600.00 - \$1199.99)

Amount pledging: _____

Silver level
(\$1200.00 - \$2399.99)

Amount pledging: _____

Gold level
(\$2400.00 - \$4999.99)

Amount pledging: _____

Platinum level
(\$5000.00 +)

Amount pledging: _____

Other: _____

I would like to pledge per project (min. \$25.00 per project) Amount: _____

(You are welcome to donate per project AND annually)

Credit Card Information:

Name on card: _____

Signature: _____

Credit card type: _____

Credit card number: _____

Expiration date: _____ / _____ / _____