

CASPAR COMMUNITY Credit Card Pledge Agreement

please PRINT legibly

Name on card: _____

Billing address: _____

Billing City, State, Zip: _____

Credit Card number: _____ - _____ - _____ - _____ expires _____ - _____

phone: _____ Email: _____

Please charge my credit card \$ _____ monthly quarterly one time

I agree to pay this pledge until I notify Caspar Community to cancel my pledge. I understand that I will be sent an annual statement of my tax-deductible donation by Caspar Community, an authorized non-profit organization.

mail this form to
Caspar Community
box 84
Caspar, California, 95420

signature