

Individual Donor Card

I pledge a total of \$ _____ (Cash Check Payroll Deduction Monthly Debit*)

If Payroll Deduction:

Total Pledge \$ _____

Amount per pay period \$ _____

Number of pay periods _____

Contributor's Signature _____ Date _____

DIRECT GIFT - BILL ME: I want to set up a "direct bill" total pledge in the amount of \$ _____
Please bill me: _____ monthly _____ quarterly

DIRECT GIFT - ONE TIME: I want to make a one-time contribution in the amount of \$ _____
_____ cash _____ check

Name

Soc. Sec. #/Employee # (for payroll deduction only)

Home Address

City, State, Zip

Employer Name

DETACH AND MAIL:

Rogers County Adult Day Care

2608 N. Hwy 88 - Claremore, OK 74017

(918) 341-7588

*Monthly Debit is an electronic debit from your checking account.