



Reproductive Freedom for All Campaign Pledge Form

I would like to PLEDGE to the REPRODUCTIVE FREEDOM FOR ALL CAMPAIGN!

NAME(S) Making pledge _____

- | | | | |
|--|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> \$15,000/year | <input type="checkbox"/> \$7,500/year | <input type="checkbox"/> \$2,500/year | <input type="checkbox"/> Other/year |
| <input type="checkbox"/> \$10,000/year | <input type="checkbox"/> \$5,000/year | <input type="checkbox"/> \$1,000/year | \$ _____ |

NUMBER OF YEARS FOR PLEDGE (1 - 5 years) _____

INSTALLMENTS PAID (annually, semiannually, quarterly, monthly) _____

FIRST PAYMENT DATE _____ Please find my first payment enclosed

PAYMENT donor-advised fund credit card check EFT stock securities mutual fund wire transfer other

Credit card # _____ Exp date _____ CVV code _____

- If paying **quarterly or monthly**, we will set up an automatic payment with your credit card or automatic withdrawal from your checking or savings account.
- For contributions made with **stocks, securities, mutual funds, and wire transfers**, we will provide you with our Edward Jones account information.

Signature _____ Date _____

Address _____

Phone _____ Email _____

Would you like to opt-in to receive text message updates on your cell phone? Yes No

CHECK HERE if your employer will match your gift. Employer's name _____

CHECK HERE if you are interested in including NARAL Pro-Choice Virginia in your estate plans.

PLEASE FILL OUT FORM AND RETURN TO SUSAN HEITKER, DEVELOPMENT DIRECTOR

Mail: PO Box 1204, Alexandria, VA 22313 **Email:** susan@naralva.org

FOR MORE INFORMATION, CONTACT SUSAN HEITKER AT 571-970-2603 OR SUSAN@NARALVA.ORG

Thank you for fighting to secure reproductive freedom for all – **by policy and reality!**