



The Building Dreams & Transforming Lives Campaign



PLEDGE FORM

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

DONOR PLEDGE INFORMATION

I pledge a total of \$_____ To be paid over: 1 year 2 years 3 years Other: _____

I make this contribution in the form of: Check Stocks Donor Advised Fund
 Family Foundation Credit Card Other: _____

Please send me pledge reminders: Quarterly Annually No reminders needed

Signature _____ Date _____

Please make checks payable and mail to: Wayside Waifs, Inc. 3901 Martha Truman Rd. Kansas City, MO 64137

DONOR RECOGNITION

- I would like to remain anonymous
- I would like to make this gift in honor or memory of: _____
- I'm interested in naming opportunities, please contact me with available naming options

Thank you for your generosity! Gifts are tax deductible to the fullest extent provided by law. Our tax ID# 44-0605374.
Questions? Call Robin Rowland at 816-986-4401 rrowland@waysidewaifs.org.