



Pledge Form

Sustaining Programs to Keep Kids Safe & Create a More Successful Community

Donor Information (please print or type)

Name: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

From a parent whose spouse passed away after the birth of their third child:
"It's nice to have a three-hour break and to know your children are in good hands."

Pledge Information

I / We pledge a total of \$_____ to be paid: monthly quarterly yearly.

I / We plan to make this contribution in the form of: cash check Paypal other.

Gift will be matched by: _____
(company/family/foundation)

form for match attached form for match will be forwarded

Please use our gift for: general operations other: _____

Please contact us about offering a "challenge" gift to leverage funds!

From a couple struggling with the special needs of their child:
"People need to realize this is an important asset to our community. Our child didn't know how to play with other children and was awkward when around other kids. His social skills have really improved; he loves the nursery! TVCRN's staff has helped us immensely."

Acknowledgment Information

Please use the following name(s) in all acknowledgments:

OR I/We wish to have our gift remain anonymous.

OR this is in memory of: _____

Please make checks, corporate matches, or other gifts payable to: T.V. Children's Relief Nursery
588 W. Idaho Ave.
Ontario OR 97914

On behalf of the children & families we serve: Thank you!