



Yes, I/We would like to donate \$ \_\_\_\_\_ to Becky's Place

**Monthly Pledge of :**      \$25      \$50      \$100      \$500      Other \_\_\_\_\_

Please make your check payable to Becky's Place or **Charge donation to my:**   Visa      Mastercard

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name appearing on card \_\_\_\_\_

Signature \_\_\_\_\_ Card Security Code \_\_\_\_\_

OR

I/We would like to make a monthly contribution of \$ \_\_\_\_\_ to Becky's Place

beginning (mm/yy): \_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_. Monthly withdrawals on the 15th of each month.

**Please provide a voided check with this form for account information.**

**Authorizing Signature** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

I/We would like to remain anonymous.

How would you like your name(s) recognized in the annual report?

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Becky's Place  
P.O. Box 503  
Bedford, IN 47421