



# Pledge Form

## INOBTR (I Know Better)

### 501(c) (3) Non-Profit Organization

#### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

#### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ PayPal \_\_\_ Please Send an Invoice.

Type of Donation:  Individual  Corporate

Authorized Signature \_\_\_\_\_

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

#### Acknowledgement Information

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

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

INOBTR Campaign  
190 Carondelet Plaza, Ste 1111  
St. Louis, MO 63105