



CONNECTING FOR CHILDREN AND FAMILIES
BEACON OF HOPE CAMPAIGN PLEDGE FORM

Name _____

Address _____

Phone _____ Email _____

I/we agree to pledge the amount of \$ _____

This pledge will be paid in full with one payment on ___/___/___

I/we would prefer to make our payments in installments (*circle one*):

Two payments

Three payments

Our payments will be paid yearly on ___/___/___

For recognition purposes, please list my/our name(s) as follows _____

Please make checks payable to Connecting for Children and Families

Please mail this form and your check to:

Connecting for Children & Families
Attn: Beacon of Hope Fundraising Campaign
46 Hope Street
Woonsocket, RI 02895

For more information about other ways to give, please contact
Lauren Goldenberg at 401-766-3384 or lgoldenberg@ccfcenter.org.

**Thank You For Your Support of
Connecting for Children and Families!**