



# Sponsor a Child Pledge Form

## CASA of Peoria County

The mission of CASA of Peoria County is to advocate for abused and neglected children in Peoria County through the services of specially trained community volunteers

### Donor Information (please print or type)

Board Member \_\_\_\_\_

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

### Pledge Information

I (we) pledge \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ Other:( \_\_\_\_\_ )

I (we) pledge to sponsor \_\_\_\_\_ child(ren) at the cost of \$1,200/year  
 \_\_\_\_\_ now \_\_\_\_\_ monthly \_\_\_\_\_ quarterly

I (we) pledge to partner in sponsor child for a year  
 \_\_\_\_\_ \$600/half year \_\_\_\_\_ \$300/fourth year \_\_\_\_\_ other

I (we) plan to make this contribution in the form of:  
 \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_ stock \_\_\_\_\_ other.

|                         |  |
|-------------------------|--|
| Credit card type        |  |
| Credit card number      |  |
| Expiration date         |  |
| Authorized Name (print) |  |
| Signature(s)            |  |
| Date                    |  |

### Acknowledgement Information

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

|  |
|--|
|  |
|--|

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

Please make checks or other gifts payable to:

**CASA of Peoria County**  
 324 Main Street, Room 215  
 Peoria, IL 61602

Phone: (309)669-2939  
 Fax: (309) 672-6957  
[www.casapeoria.org](http://www.casapeoria.org)