

Pledge Form



Little Rock Compassion Center

Restoring lives through the love of Jesus Christ

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

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 credit card other.

Credit card type (Visa, Mastercard, Etc.) & Exp. date _____ /Exp. _____

Credit card number _____

Authorized signature _____

Prayer Request / Comments

Acknowledgement Information

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

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

Signature(s)

Date

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

Little Rock Compassion Center
P.O. Box 4249
Little Rock, AR 72214