



**Donor Cash Pledge Agreement**  
Tax ID# 95-2149723

**I. Donor Information**

Donor Name/Company: \_\_\_\_\_

Contact Name (if different than above): \_\_\_\_\_ Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

JLOCC Referring Member: \_\_\_\_\_

**II. Donation**

**DONATION SCHEDULE**

<b>PAYMENT DATE</b>	<b>PAYMENT AMOUNT</b>
July 30, 2010	
August 31, 2010	
September 30, 2010	
<b>TOTAL DONATION:</b>	

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*This card is a Visa, MasterCard, or Discover (circle one)*

I understand that I am to provide current credit card information so that my credit card may be charged per the date and amounts listed above. I also understand that this document will be kept on-site at JLOCC Headquarters in a secure location and will only be accessed to assess these charges. Upon the final transaction, I understand that this document will be shredded and disposed of in a confidential manner.

I recognize that any benefits offered to donors making monetary donations will not be granted until all payments are paid in full.

\_\_\_\_\_  
Signature Date