



NATIONAL HIGH SCHOOL MOCK TRIAL CHAMPIONSHIP



PLEDGE FORM

Donor Information (please print or type)

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

Pledge Information

I (we) pledge: A one-time tax-deductible donation of \$_____ to be paid by _____.

(Amount) (Date)

A total payment of \$_____ made in tax-deductible payments of \$_____ once every month quarter year to be paid in full by March 31, 2012.

I (we) plan to make this contribution by:

Check Online at http://www.civicvalues.org/donate_now.htm

Matching Contribution Information

Does your employer match donations? Yes No

Gift will be matched by_____. Please provide a signed *Matching Donation Form*.

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 my/our gift remain anonymous.

Signature(s)
Date

Please make checks payable to:

CCV 2012 National High School Mock Trial Championship
PO Box 2184
Albuquerque NM 87103-2184