



BEYOND TRAVEL PARTNERS

Going Farther, Doing More

Pledge Form

Donor Information (please print or type)

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

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	
Credit card number	
CVV2# (last 3 digits on signature panel)	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
 ___ 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 our gift remain anonymous.

Signature(s)
Date

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

Beyond Travel Partners, Inc.
 237 Flatbush Ave. #146
 Brooklyn, NY 11217