



### Ambassador Circle Pledge

I want to join the fight against child abuse by supporting the *Friends of the Children's Advocacy Center of Brevard* as they take action to improve our community's response to child abuse and neglect. My contribution will support the Children's Advocacy Center of Brevard to identify, protect and improve the lives of abused and neglected children.

Please print, complete, and fax this donation form to **321-241-6530**, or mail with your check made payable to the *Friends of the Children's Advocacy Center of Brevard*, at **1100 Rockledge Blvd, Rockledge, FL 32955**.

Name: \_\_\_\_\_

Company (if applicable): Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Pledge amount \$** \_\_\_\_\_ **Pledge Period:** 1yr.  2yr.  3yr.  4yr.  5yr.  Other:

Individual  Corporate/Organization

Check all that apply:

Use this donation where it is most needed.

Designate this donation to: (General operations, program support; CPT or CIP (please circle))

This donation is being made **In Honor of (Name)** \_\_\_\_\_

Honoree address (if Honoree acknowledgement is desired) \_\_\_\_\_

This donation is being made **In Memory of (Name)** \_\_\_\_\_

Send acknowledgement to: Name \_\_\_\_\_

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

#### Payment Method

Date \_\_\_\_\_

Check amount: \$ \_\_\_\_\_ [Payable to Friends of the Children's Advocacy Center of Brevard) Check # \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_ Name on credit card: \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Visit [friendsofthecacb.org/](http://friendsofthecacb.org/) to learn more learn more about our mission

*Thank you for your support!*

The Friends of the Children's Advocacy Center of Brevard is a voluntary nonprofit organization formed to raise funds and create awareness for the Children's Advocacy Center of Brevard. Solicitation Registration #CH8663. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352 TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Children's Advocacy Center of Brevard is a nonprofit organization and program of the Space Coast Health Foundation. Solicitation #CH2999. CACB does not use professional solicitors to raise funds.