Friends of the Children's Advocacy Center OF BREVARD

# 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 complete and mail this donation form with your check made payable to the ***Friends of the Children's Advocacy Center of Brevard,*** **at 1100 Rockledge Blvd, Rockledge, Fl 32955.** ***In Memo section*** please write in *"AC Pledge Payment".* Or use one of the other payment options identified below**.**

☐ Individual ☐ Corporate/Organization

Name / Company: _____Address: _____

Day time Phone: _____ Email: _____

**Pledge amounts: $5,000, $10,000, $15,000 $20,000 or other: $ _____**

**Pledge Period:** 1yr._____ 3yr._____ 5yr._____. **To Be Paid**: Monthly _____ Quarterly _____Annually_____

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 Methods – CHECK, CREDIT CARD, ONLINE PAYMENT. See below**

Date _____

**Check** amount: $_____ Payable to "**Friends of the Children's Advocacy Center of Brevard (CACB)**".
**Check #** _____ **In Memo section** please write in *"AC Pledge Payment*".

**Credit Card** Type: _____ Number: _____

Expiration date: _____ Security code: _____ Name on credit card: _____

Address _____Telephone _____

Authorized Signature_____

**Online** at the Friends of the CACB Website: https://friendsofthecacb.org/

Visit **Friendsofthcacb.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.