

Mail or Pledge Your Donation

Please print this form and mail it with your check or pledge to:

ALONGSIDE, Inc
P.O. Box 587
Richland, MI 49083-0587

I/We desire to be an ALONGSIDE Financial Team Partner!

I/We will make a monthly pledge of \$_____

I/We will make a quarterly pledge of \$_____

I/We will make a special gift of \$_____

Please send information about automatic monthly transfers from my checking account.

ALONGSIDE, Inc. is a **501(c)(3)** charitable organization. All contributions are tax-deductible to the extent allowed by law. You will be issued a receipt for your tax-deductible gift. Thank You!

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____