

# Contribution Pledge Form

## HAVOYOCO

Po.Box 29400, Columbus Ohio, 43229  
Tel: 614-754-6773, Email: info@usahavoyoco.org  
www.usahavoyoco.org

### CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would prefer that this contribution and/or my name be kept confidential. Thanks!

### DONATIONS

#### A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000    \$2,500    \$1,000    \$ 500    \$100    \$50    Other: \$ \_\_\_\_\_

#### A REPEATING DONATION, AS FOLLOWS:

A sum of \$ \_\_\_\_\_ Once Every Month Quarter Year, amounting to a Total of \$ \_\_\_\_\_

#### MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

**Please enclose a signed Matching Donation Form from your employer if applicable**

### METHOD OF PAYMENT

Check enclosed, Please make checks payable to "HAVOYOCO"

Please bill my credit card: Card type: Visa Mastercard American Express Discover

Account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please call 18882024903 or you can visit our website [www.usahavoyoco.org](http://www.usahavoyoco.org) and donate online

### NOTES

- Contributions to the HAVOYOCO are deemed charitable under section 501(c)(3) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 46-0745266. Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit [www.usahavoyoco.org](http://www.usahavoyoco.org) or call 18882024903 or write to [info@usahavoyoco.org](mailto:info@usahavoyoco.org)

Please forward completed form and payment to:

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