

Pledge Form



Caribbean Media Exchange, Inc.
An IRS Approved 501(c)(3) Nonprofit Organization





Donor Information (please print or type)

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

Pledge Information

I (we) pledge a total of \$ _____ to be paid: (please check one box)
 now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: (please check one box)
 cash check credit card other.

Credit card type (Please check one box)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
Credit card number	
Expiration date (mm/yy)	
Three/Four Digit Security Code	
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 (mm/dd/yy)

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

Caribbean Media Exchange, Inc.
1812 Front Street
Scotch Plains, NJ 07076

If you return this form via e-mail be advised that your e-mail will serve as your authorized signature