

**PROJECT SISTER SEXUAL ASSAULT CRISIS AND PREVENTION SERVICES**

**2006-2007 ANNUAL PLEDGE**

Please help to sustain Project SISTER's critical sexual assault crisis intervention and prevention programs by making a pledge of support. Your gift makes a statement that you stand with us in our efforts to create safer, healthier communities.

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please accept my pledge of \$\_\_\_\_\_ for Project SISTER's programs.

I enclose my check  I prefer to contribute by credit card \*

Credit card number: \_\_\_\_\_

Type of credit card \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

I prefer to make my pledge in installments. Please charge \$\_\_\_\_\_ to my credit card:

Monthly  Quarterly

This pledge will begin on \_\_\_\_\_ date and end on \_\_\_\_\_ date.

Signature: \_\_\_\_\_

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

**Thank you for your support!**

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\* If you would prefer to provide your credit card information over the telephone, please call Project SISTER's business office at (909) 623-1619 or (626)915-2535