



TNT Multi-Care Foundation Pledge Form

Thank you for partnering with us to make a meaningful difference.

*Use this form to make an individual, monthly, or corporate pledge. Recognition options are outlined in the donor packet. For customized corporate partnerships, please contact us directly. Please complete the form below and return it via mail or email. All donations are tax-deductible. EIN: **14-1928979***

Donor Information

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like to make a one-time donation of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$ _____

I would like to become a monthly donor at:

\$25/mo \$50/mo \$100/mo Other: \$ _____ /mo

(You will be contacted to set up secure monthly billing.)

I would like to make a pledge in the amount of: \$ _____

Pledge to be fulfilled by: ____ / ____ / ____

Please contact me to set up a payment schedule

Recognition Preferences

I would like my name to be listed as a donor

I prefer to remain anonymous

Name to list (if applicable): _____

I would also like to support through:

In-kind donation (Please describe):

Volunteer interest (Let us know your skillset or availability):

Please return completed forms to:

TNT Multi-Care Foundation

PO Box 1252

Kennedale, TX 76060

817.888.7585

info@tntmulticare.org

You can also donate online: www.tntmulticare.org/donate