



P.O. Box 1012
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(307) 634-3052

www.mtsinaicheyenne.org

2023 Pledge Form

I am pledging \$_____.

I prefer to pay

- ☐ Annually
- ☐ Twice a year
- ☐ Quarterly
- ☐ Monthly

☐ Payment enclosed with a check

☐ Please charge my credit card:

Type of card

Card number

Expiration date

CVV code

Card's billing zip code

Amount to charge

☐ Paypal on the Mt. Sinai website

Email address to send receipt to: _____

NAME (printed): _____

SIGNATURE: _____ DATE: _____

PLEDGES AND DONATIONS ARE TAX DEDUCTIBLE