

I hereby pledge \$ _____ to THE ASSOCIATED Annual Campaign.

Signature _____

Name of Contributor _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

If your firm has a Matching Gift program, please check box. Name of organization _____

MAKE CHECKS PAYABLE TO 'THE ASSOCIATED' VISA MASTERCARD AMEX DISCOVER

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

For Internal use only

Event Name

Event Number

Event Date

Campaigner Name

Campaigner Account

Pledge Date

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THE ASSOCIATED: Jewish Community Federation of Baltimore

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