

**Jocelyn Y. Dickson Foundation for Life Contribution Pledge Form**  
**Tax ID#76-0646030**

**CONTRIBUTOR INFORMATION** (Your personal information is kept confidential)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would prefer that this contribution *and/or* my name be kept confidential. Thanks!

**DONATIONS**

**A ONE-TIME DONATION, IN THE AMOUNT OF:**

\$5,000          \$2,500          \$1,000          \$500          \$100          \$50

Other: \$ \_\_\_\_\_ IN-KIND DONATIONS

**A REPEATING DONATION, AS FOLLOWS:**

A sum of \$ \_\_\_\_\_          Once Every: Month          Quarter Year  
Amount to Total \$ \_\_\_\_\_

**MATCHING CONTRIBUTIONS**

Does your employer match donations: YES/NO

**Please enclose signed Matching Donation Form from your employer if applicable**

*There is no minimum contribution amount*

**METHOD OF PAYMENT**

Check enclosed, Please make checks payable to Jocelyn Y. Dickson Foundation for Life (JDFL)

Please bill my credit card: Card Type:    Visa    MasterCard    American Express    Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Payable online at: [www.jocelyndickson.com](http://www.jocelyndickson.com)

Please forward completed form and payment to:

**Jocelyn Y. Dickson Foundation for Life, 9119 Hwy. 6, Suite 230, Missouri City, Texas**  
**77459**

**Would you like or know someone who would like to volunteer time, resources, or ideas to**  
**Jocelyn Y. Dickson Foundation for Life? YES!**