



Rosalie Manor Community & Family Services
4803 West Burleigh Street
Milwaukee, Wisconsin 53210
414.449.2868
414.449.2870 (fax)

www.rosaliemanor.org

As an expression of my commitment to Rosalie Manor Community & Family Services, I want to make a contribution to the agency.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

I would like to pledge the following amount:

- \$10 per month for 12 months (\$120)
- \$15 per month for 12 months (\$180)
- \$25 per month for 12 months (\$300)
- \$ _____ per month for _____ months
- Please charge my Visa/MC on the _____ (date) of each month

Card # _____ Expiration date: _____

Signature: _____ Date: _____

- Please bill me monthly via mail or email (please circle one)
- Email address: _____

It is our intention to fulfill the terms of this pledge. However, should unforeseen circumstances require cancellation of these terms we reserve the right to do so by notifying Rosalie Manor Community & Family Services.

- I do not want to make a pledge, but I do want to donate \$ _____ to Rosalie Manor.**

Please charge my Visa/MC:

Card # _____ Expiration date: _____

Signature: _____ Date: _____

*Strengthening Milwaukee families by empowering parents to be nurturing
and by guiding youth toward positive futures*