



Contribution Pledge Form

DO Foundation, Inc.
PO Box 251151, West Bloomfield, MI 48325
<http://www.dofoundation.net>

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

Last Name: _____, First Name: _____, MI: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____
Email 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: \$ _____

A REPEATING DONATION AS FOLLOWS:

A sum of \$ _____ Once Every Month Quarter Year, amounting to a Total of \$ _____

MATCHING CONTRIBUTIONS

Does your employer match donations? YES NO

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

METHOD OF PAYMENT

- Check enclosed. (Please make checks payable to "DO Foundation")
- Please bill my credit card: Card type: Visa Mastercard American Express Discover
Account number: _____
Expiration Date: _____ CVS# _____
- Contact Me Please

NOTES

- Contributions to the DO Foundation, Inc. are deemed charitable under section 501c3 of the Internal Revenue Code. U.S. Federal Tax ID 27-1619074. Please consult your accountant for any clarifications.
- Payments must be received before the end of the current year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.dofoundation.net or call 248-325-8395 or write info@dofoundation.net

Please forward completed form and payment to:
DO Foundation, PO Box 251151, West Bloomfield, MI 48325
Or email to info@dofoundation.net

Would you like to volunteer your time, resources, or ideas to DO Foundation, Inc.? YES NO