



Pledge Form

Strengthen the lifesaving capabilities of tactical medical providers worldwide.

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
 ____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:
 ____ cash ____ check ____ other.

Gift will be matched by _____ (company/family/foundation).
 ____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

All donations will be acknowledged via a letter.

Please make checks, corporate matches, or other gifts payable to:

Coalition for Tactical Medicine
 341-11 South College Rd.
 PMB 2053
 Wilmington, NC 28403