

# Pledge Form



*YES! I would like to make a gift to  
Little Flower Children and  
Family Services of New York  
and become a beacon of Hope!*

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**I am interested in more information on the following:**

- Transfers of Stocks or Securities
- Including Little Flower in my estate plans
- Making a gift from my retirement or investment account(s)

This gift is in honor of: \_\_\_\_\_

I would like this gift to be Anonymous  YES  NO

Name(s) as I wish to appear in Donor Listing: \_\_\_\_\_

My employer (named here) will match my gift: \_\_\_\_\_

**Total Pledged Gift\*:**

\$ \_\_\_\_\_

ONE-TIME PAYMENT

or

**RECURRING PAYMENTS**

(\*Invoices may be sent for pledge payments.)

\_\_\_\_\_/Month

\_\_\_\_\_/Quarter

\_\_\_\_\_/Year

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

## Options for Making Your Gift:

ONLINE: <https://littleflowerny.thankyou4caring.org/donatenow>

CHECK: Make all checks payable to: Little Flower Children and Family Services of New York

CREDIT CARD:  Visa  MasterCard  American Express  Discover

(Please Print) Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Clearly) Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Little Flower Children and family Services of New York, Attn: Development Department,  
2450 North Wading River Rd., Wading River, New York 11792. For questions or more information contact  
Little Flower's Development Office at 631-929-6200, Ext. 6924 or [info@lfchild.org](mailto:info@lfchild.org).