## 2022 Annual Giving Campaign Pledge Certificate



I/we would like to pledge/give \$support Island Senior Resources' valuate caregivers; aware that if my/our financi I/we may, at any time, increase or decrease	ole work with clients and al circumstances change	
Signature:	Date://2022	
Name: (as it appears on your card, if using a credit card)		
Email:		
Phone:	(home / cell)	
I/we would like to become a funding papaid over the remaining months of 202 the following way:  by becoming an ISR Evergreen Partrime donation online at <a href="www.senio">www.senio</a> with an enclosed check with a credit card (details on reverse) quarterly semi-annually in some other way:	2. I plan to pay this pledge in her with a monthly or one-resources.org/donate  at the end of the year	
Please remind me by:	☐ USPS mail ☐ phone	
Other Notes:		



Questions? charles@islandseniorservices.org 360-210-3011

(continued on reverse)



☐ Please call me for my cre	dit card information	
Credit Card Details:		
Billing Address:		
City:	State: Zip:	
Card Number:		
Exp. Date:/	(We will call you for your security code.)	
I/we would also like (check one or more):  ☐ a conversation ☐ to volunteer ☐ to donate from my IRA ☐ to discuss a planned gift		
☐ I/we are intending to remember, or have remembered, ISR in my/our will or trust.		
☐ I/we would like to go paperless from now on.		
Please confirm how you would like your name to appear in our Annual Impact Report:		
As written on first page		
Other:		
☐ Please keep my/our gift anonymous		
☐ This gift is in honor of		
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Thank you!

50 years of service Please return this pledge form to:

Charles LaFond, Development Director Island Senior Resources P.O. Box 939 Freeland, WA 98249