



BEM PLEDGE FORM



Because of you, we've come a long way.

Check one:

- I would like my donation to BEM to be used where most needed.
- I would like my donation to support the Mercy Hospital of Haiti Project

Donor Information:

Name (s): _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Signature: _____ Date: ___/___/___

I (we) pledge a total of \$ _____

- Monthly Quarterly Yearly One Time Donation

I (we) will make this donation with:

- Cash Check Credit Card

Amount: \$ _____

Credit Card Type & Expiration: _____

Credit Card Number: _____

Authorized Signature: _____

You may also make donations online at: bemhaiti.org

All donations are tax deductible.

THANK YOU!