Kitchen Sink Brigade PLEDGE CARD

☐ ABSOLUTELY! I will take action today to help **Moveable Feast Lexington, Inc.** feed someone tomorrow. My monthly pledge is indicated below. I understand that I may discontinue my pledge at any time by calling your office (859-252-2867) and that my donation is fully tax deductible.

Monthly Amount. (please circle one) $40 $55 $75 $100 $150 Other $_____

☐ I can't make a monthly pledge, but would like to make a special donation in the amount of $_____

Name:_____

Address:_____

City:_____ State____ Zip____

Phone:_____

Email:_____

Make checks payable to: **Moveable Feast Lexington**

Mail to: PO Box 367
Lexington KY 40588-0367

☐ **Please bill my pledge monthly to my:**

___ Visa ____ M/C ____ AMEX

Card#_____ Exp. Date:_____
Mo. / Yr.

Signature:_____

☐ **I prefer to pay each month by check.**
My first payment is enclosed.