

•••••••••• **2001 - 2002 KITCHEN SINK BRIGADE PLEDGE CARD** ••••••••••

**ABSOLUTELY!** I will take action today to help Moveable Feast Lexington feed someone with AIDS tomorrow. My monthly pledge is indicated below. I understand that I may discontinue my pledge at any time by calling your office and that my donation is fully tax deductible.

Monthly Pledge:      \_\_\_\_\_\$35 \_\_\_\_\_ \$55 \_\_\_\_\_\$75 \_\_\_\_\_\$100 \_\_\_\_\_\$150 \_\_\_\_\_ Other \$\_\_\_\_\_ per month.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PO Box 367 ❖ Lexington KY 40588-0367 ❖ 859.252.2867

<input type="checkbox"/> <b>Please bill my pledge monthly to my:</b> _____ Visa    _____ M/C    _____ AMEX Card# _____ Exp. Date: _____ Mo. / Yr. Signature: _____
<input type="checkbox"/> <b>I prefer to pay each month by check.</b> My first payment is enclosed. Please send me monthly coupons for future payments.