GLIA Pledge Form

An IRS 501(c)(3) tax-exempt non-profit organization

Name: _____
First MI Last

Address: _____

Phone: (_____)_____ Cell: (_____)_____ e-mail: _____

Please indicate your pledge amount and payment method. Make contributions payable to **GLIA**. ☐ Cash ☐ Check ☐ MO

☐ Monthly Donation	☐ Quarterly Donation	☐ One-Time Donation	☐ Other Donation
☐ $25 ☐ $50 ☐ $100	☐ $100 ☐ $250 ☐ $500	☐ $500 ☐ $1000 ☐ $5000	$_____
☐ $_____ (other)	☐ $_____ (other)	☐ $_____ (other)	Purpose _____
Total: $_____ x ___ = $_____	Total: $_____ x ___ = $_____		

Starting: ___/___/ 20 Ending: ___/___/ 20 Mail pledge/checks/MO to: **G L I A, 1105 Airport Rd., Lynchburg, VA 24502**