



Please Make Checks Payable To:  
**Dikembe Mutombo Foundation, Inc.**  
4413 Northside Parkway, Ste. 137, Atlanta, GA 30327

Pledge  
No. \_\_\_\_\_



\$ \_\_\_\_\_  
Amount Pledged

- ☐ One Time Pledge  
☐ Monthly Pledge  
☐ Matching Pledge

Matching Gift Company Name \_\_\_\_\_

Operator  
\_\_\_\_\_

Verified  
\_\_\_\_\_

This gift is ☐ In Honor of ☐ In Memory of ☐ In Celebration of ☐ Other \_\_\_\_\_

Honor/Memorial Name \_\_\_\_\_

Relationship to donor \_\_\_\_\_

- ☐ Ms.  
☐ Miss  
☐ Mrs  
☐ Mr

Donor Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No.

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Credit Card information:

Number	Type	Expiration Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please return this form with your tax-deductible gift. Your cancelled check is your receipt.

Please acknowledge this gift to: (Relationship) \_\_\_\_\_

Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_