



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 _____

Credit Card information: _____

Relationship to donor _____

Number	Type	Expiration Date
_____	_____	_____

- Ms.
- Miss
- Mrs
- Mr

Donor Name _____

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

Number and Street _____

Please acknowledge this gift to: (Relationship) _____

City, State, Zip _____

Name _____

Phone No.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Number and Street _____

City, State, Zip _____