



Fiscal Year 2026 Pledge Form

Name: _____

Email: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Preferred form of contact: ☐ Phone ☐ Email ☐ Mail

Pledge Details

Total amount pledged: \$ _____ Timeframe: ☐ 2 years ☐ 3 years ☐ 4 years
☐ Other (please specify) _____

Pledge date: _____ First payment date: _____

First payment amount: \$ _____ Remaining balance: \$ _____

Form of payment: ☐ My check is enclosed, made payable to Doorways.

☐ Please charge my credit card, number: _____

Expiration: _____ Security code: _____

Payment schedule: ☐ Monthly \$ _____ or ☐ Annually \$ _____

Recognition: Please confirm how you would like to be listed in external publications.

_____ or ☐ I prefer to remain anonymous.

Signature: _____ Date: _____

☐ By checking this box, I agree that my typed signature is the legal equivalent to my handwritten signature.

Doorways • PO Box 100185, Arlington, VA 22210 • (703) 504- 9400 • www.DoorwaysVA.org

Donations made to Doorways, a charitable 501(c)(3) organization, are tax-deductible (EIN 54-1087829).