

What's your #giveMiami day **WISH**?

Miami Jewish Health  
FOUNDATION

# MY PLEDGE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I/We Pledge to #GivetothetheHome on #GiveMiamiDay in the Amount of:

\$25,000    \$10,000    \$5,000    \$1,000    \$500    \$250

\$100    \$50    \$25 (minimum)

Other amount (greater than \$25,000) \_\_\_\_\_

Credit Card:    Visa    MasterCard    Discover    AMEX

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

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please note: This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your credit or debit card.**

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FOUNDATION

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION NUMBER CH34102. ALL GIFTS ARE TAX-DEDUCTIBLE AS PROVIDED BY LAW.