



# PLEDGE FORM

I wish to support She Should Run with a pledge totaling \$ .

My pledge will be fulfilled through an annual gift of \$  for:

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

*She Should Run will mail pledge statements based on the schedule we determine together.*

Pledge start date:

## FOR DONORS WITH DONOR-ADVISED FUNDS

I intend to recommend a grant from , a donor-advised fund, in the amount of \$  during the year 20  / annually for the years 20  - 20 .

Grant recommendations are subject to the approval of . This expression of intent does not create a legally enforceable obligation.

## DONATION DESCRIPTION

I will pay by:  Check (payable to She Should Run)  ACH (please contact me)

If paying by check:  I have enclosed a donation of \$

I anticipate my gift will be matched by

## DONOR INFORMATION

Name:    Organization Name (if applicable):

Street Address:  City:

State/Province/Region:  Zip/Postal Code:  Country:

Email:  Phone:

List names of any additional donors associated with this pledge:

Please indicate how you would like your name(s) listed publicly:

I wish to remain anonymous.

Signature

Date

*Please mail this pledge form and optional payment to the address below or email a signed copy to [give@sheshouldrun.org](mailto:give@sheshouldrun.org).*

**She Should Run, 80 M St SE, Floor 1, Washington, DC 20003**