



# B.A.B.E.S. PLEDGE FORM

Please complete and return to  
B.A.B.E.S.

1331 E. Wisconsin Ave., Appleton, WI 54911

Full Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Donation Amount Enclosed: (please circle)

\$18.65      \$25.00      \$50.00      \$100.00      \$250.00      Other \_\_\_\_\_

I would like to become a "Go Partner" by pledging \$18.65/month.      YES!      Not at this time

If yes, we will contact you to get this program set up.

Thank you for your continued support of funds, time and prayers.