



**RJT Foundation, Inc.**

**“Women & Men Supporting Families of Murdered Children”**

## Pledge Form

### Donor Information (Please print or type)

Name	
Billing Address	
City	
State	
Zip Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:     Now    Monthly    Quarterly    Yearly

I (we) plan to make this contribution in the form of:     Cash    Check    Credit Card    Other

Credit card type	
Credit card number	
Expiration Date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

Form enclosed    Form will be forwarded

### Acknowledgement Information

Please use the following name (s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s)	Date
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Please make checks, corporate matches, or other gifts payable to:

**RJT Foundation, Inc.**  
13850 NW 26 Avenue Suite 207  
Opa Locka, Florida 33054

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-HELP-FLA (435-7352) WITHIN THE STATE OR VISITING WWW.FLORIDAConsumerHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. RJT'S REGISTRATION NUMBER IS CH37186