

2017 PCCHA YOUTH SCHOLARSHIP PLEDGE FORM

P.O. Box 108, Lockeford, CA. 95237/Fax: (209) 727-5743/Info@pccha.com

Donor Information (please print or type)

Name/Company			
Billing address			
City			
State			
ZIP Code			
Telephone			
Will you be sending pic of item?			
Web Site for advertising			
E-Mail			
Description Auction Item to be donated/How will it arrive to the Auction: Donation Value: \$ Name of Youth who contacted you if applicable:			
		Name of Touch who contact	ей уой ії арріісавіе
		Acknowledgement Inform	ation
Please use the following nar	ne(s)/web site address in all acknowledgements:		
I don't have an item for t	the Youth Auction, but I would like to make a monetary pledge!!!		
I (we) plan to make this cor cash check			
Credit card type			
Credit card number			
Expiration date			
Authorized signature			
Gift will be matched by form enclosed fo	(company/family/foundation). rm will be forwarded		
I (we) wish to have ou	r gift remain anonymous.		
Signature(s)			
Date			

Please make checks, corporate matches, or other gifts payable to: $\underline{\textit{PCCHA YOUTH SCHOLARSHIP FUND}}$ - tax ID # 68-0474219