



The Echo Alliance 2024 Pledge Form

Members of the Echo Alliance are asked to make an annual \$1,000, tax-deductible donation to Mary Bird Perkins Cancer Center. By submitting this form, you are pledging to make your Echo Alliance donation.

Name: _____

Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Place of Business: _____

Your Echo Alliance donation can be made through a one-time, monthly or quarterly gift. Please indicate what month you would like to make or start your payment in 2024. *On the first day of the month indicated, you will be sent a secure credit card link to make your donation.*

January

February

March

By signing your name and submitting this form, you are agreeing to start or pay-in-full your Echo Alliance donation in the month noted. Upon Mary Bird Perkins receipt of this form, you will be considered a member of The Echo Alliance.

Signature: _____ Date: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!



MARY BIRD PERKINS
CANCER CENTER™