

MONTGOMERY COUNTY JUVENILE COURT FOUNDATION

PLEDGE FORM

(PLEASE PRINT)

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

If Court Employee, Provide Employee Number: _____

Step 1: Select Method of Payment:

- Payroll Deduction \$ _____ x 26 pay periods.
- One time gift cash/check \$ _____ check # _____
- One time gift cash \$ _____ through PAYPAL.

Step 2: Enter your total pledge amount.

My annual pledge is : \$ _____ .

Step 3: Please sign your name on the line below to confirm your pledge:

Step 4. Designation of specific program (Optional):

Court Appointed Special Counsel \$ _____ Nicholas \$ _____
(C.A.S.A.)

Citizen Review Board \$ _____ Probation \$ _____

Center for Adolescent Services \$ _____ Reclaiming Futures \$ _____

Detention \$ _____ T.A.S.C./Drug Court \$ _____

Other Court Program: _____

Please send your Donation and signed Pledge Form to:

THE MONTGOMERY COUNTY JUVENILE COURT FOUNDATION
380 WEST SECOND STREET
DAYTON, OHIO 45422