

Make an online pledge  
at: [www.achcmi.org/gift](http://www.achcmi.org/gift)

## Pledge Form



5505 Corporate Dr., Suite 301, Troy, MI 48098  
[admin@achcmi.org](mailto:admin@achcmi.org); 248-221-7101

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am pledging to support the Alliance with my

One-time  Monthly  Quarterly  Annual  Other \_\_\_\_\_ gift

In the Amount of \$\_\_\_\_\_ per payment  Please make my gift Anonymous

Duration of payments \_\_\_\_ Years \_\_\_\_ Months Starting Month\* \_\_\_\_\_

Please direct my gift/pledge payments to

Greatest Need  Prevention Programs  Recovery Support  Other \_\_\_\_\_

Check enclosed made payable to The Alliance. Please send a pledge reminder for future payments.

Please charge my  Visa  MasterCard  American Express  Discover

I wish to cover transaction fees for the Alliance. Please increase my donation to accomplish this. (up to 5%).

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address, City, ST, ZIP: \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you** for supporting the Alliance of Coalitions for Healthy Communities. Your pledge will make a difference and help us continue to build healthy communities through substance abuse prevention, wellness, and recovery support.

\* Note: credit cards are charged on the 10<sup>th</sup> of the month.