



DENNIS MARTINEZ
FOUNDATION

MONTHLY PLEDGE FORM

WE INVITE YOU TO MAKE A MONTHLY PLEDGE

I would like to make a monthly pledge of:

\$10_____ \$20_____ \$50_____ \$100_____ Other_____

I understand that my donation will help provide food, medical care, clothing, shelter, and schooling to as many needy children as possible.

First Name: _____ Last Name: _____

Organization/Company: _____

Address: _____ Apt: _____

State: _____ City: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

I am sending check # _____ From Bank: _____

For the amount of: \$ _____ to cover #: _____ month(s) of pledge. _____

Signature: _____ Date: _____

Mail your check to:

Dennis Martinez Foundation
6915 Red Road, Suite 222
Coral Gables, FL 33143

TEL: 305-669-1699
FAX: 305-669-0766

All donations made to the Dennis Martinez Foundation are tax-deductible.
Thank you for your kindness and generosity.