



PLEDGE CARD

Name: _____

Office: _____

DONATION PLEDGE (please check one)

Per Commission Donation:

___ I elect to donate \$10, \$25, \$50, \$100 or \$ _____ from each of my sales to CBV CARES and authorize Coldwell Banker Vanguard accounting services to deduct this amount from each commission check for the period of _____, _____ through _____, _____. (Staff to remind prior to closing.)

Monthly Donation:

___ I elect to make a monthly donation of \$ _____ to CBV CARES.

One-Time Donation:

___ I elect to make a one-time donation of \$ _____ to CBV CARES.

Signature: _____

Received by CBV Cares: _____