



Pledge Payment Form

Skydiver's Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email*: _____

***Your email address is only used to provide you with a tax receipt and thank you letter.** Using email saves thousands of dollars, not to mention trees, which means more funds benefit sexual violence survivors. We promise you won't be added to any contact list, and we do not sell this information to outside sources. If you'd like to be added to our email list please check here: _____

Each skydiver jumps from at least 10,560 feet -- 2 miles -- high. How much will you pledge for each foot jumped? Pledge Amount:

_____ 1/4-cent per foot: \$26.40	_____ Two cents per foot: \$211.20	_____ A quarter per foot: \$2,640
_____ 1/2-cent per foot: \$52.80	_____ A nickel per foot: \$528	_____ A dollar per foot: \$10,560
_____ A penny per foot: \$105.60	_____ A dime per foot: \$1,056	_____ Other: \$ _____

Credit card payment in the amount of \$ _____ MasterCard _____ Visa _____ AmEx _____ Discover

Account Number: _____ Exp Date: _____ Security Code: _____

Card Holder Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

____ Enclosed is a check in the amount of \$ _____, made payable to Operation Freefall.

Operation Freefall is a project of SOAR, a registered 501(c)3 non-profit organization. Contributions are tax deductible as provided by law.

407-898-0693

817-A Virginia Drive, Orlando FL 32803

info@operationfreefall.com • www.operationfreefall.com

A project of SOAR®

