



**Yes, I want to support Centro Latino's mission to improve the lives of Latinos and immigrants in Eastern Massachusetts through quality education and health programs:**

Business/Corporation Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

I pledge to Centro Latino a contribution in the amount of \$ \_\_\_\_\_

I would like to pay my contribution as follows: (Please check your preference)

A check is enclosed for the full amount.      or       A check will be ready on: (date) \_\_\_\_\_

Please bill my credit card as indicated:

Card Type:     MasterCard    VISA    DiscoverCard      Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I would like to pay my pledge in installments. Please bill me as indicated, beginning: (Month/Year) \_\_\_\_\_

# of payments: \_\_\_\_\_      Frequency:     Monthly     Quarterly     Annually

*Please make all payments payable to **Centro Latino**.*

I wish to make this gift as an **anonymous** donor. Please do not publish my name or business on any publications, websites, announcements, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual authorizing this gift commitment)

*Centro Latino is a 501(c)(3) tax-exempt, non-profit organization. As such, all contributions to the agency are tax-deductible to the fullest extent allowed by law. Centro welcomes gifts of cash, securities, and other negotiable instruments. Please contact us for more information. Thank you for your generous support.*