



pledge CARD

Yes! I/We want to support Family Crisis Council of Rowan County, Inc.

My total commitment is:

- \$100,000 \$75,000 \$50,000 \$30,000 \$15,000
 \$10,000 \$5,000 \$1,000 \$500 Other _____

I would like to make my gift:

- Today By December 31, 2025 Over the next 3 years

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____ I wish to remain anonymous.

I/We would like the following name to be listed for recognition purposes: _____

Method of payment:

- Credit Card Check #: _____ Please make checks payable to Family Crisis Council
Checks can be mailed to: Family Crisis Council
PO Box 50, Spencer, NC 28159
- I'd like staff from FCC to contact me to discuss other payment options.

Card Number: _____ Exp. Date: ____ / ____ CSV: _____

Name (exactly as it appears on card): _____

**Thank you for your generous donation that enables survivors
access to resources needed for their path forward.**