



Northeast Ohio Adoption Services

Foster Care ♥ Adoption ♥ Training
FEIN: 34-1255887

Pledge Agreement

DONOR INFORMATION:

Name	
Organization	
Street Address	
City / St / Zip Code	
Phone	
E-Mail Address	

I (WE) SHALL MAKE THIS COMMITMENT IN THE FOLLOWING MANNER:

- Total **one time gift** paid on _____ (date)
- Pledge** over a period of _____ year(s) with the first payment of \$ _____ to be paid by _____ and the balance to be paid as follows:

Month(s)	Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

THE PLEDGE IS:

- Unrestricted or to be utilized for: _____

Donor(s) Date

Cheryl Tarantino, Executive Director Date

*Northeast Ohio Adoption Services is a 501(c)3 tax exempt corporation established under the State of Ohio.
This information is confidential.*



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TOTAL		

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Cheryl Tarantino, Executive Director Date

*Lewis-Roberts Foundation (Endowment) is a 501(c)3 tax exempt corporation established under the State of Ohio.
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