



Mid-Step Services, Inc. [Pier Center for Autism](#)
3895 Stadium Dr, Sioux City, IA 51106
Ph: 712.522.2961 • [piercenter.org](#)

The Pier Center for Autism Capital Campaign Donor Pledge Form

Donor name (s) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

I/we are committing to the following pledge to
The Pier Center for Autism Capital Campaign in the amount of: _____

___ I/we am fulfilling the entire pledge at this time.

___ I/we would like to spread the payments out over ___1 ___ 2 ___ 3 ___ 4 ___ 5 years.

___ Check enclosed (Payable to The Pier Center for Autism)

___ Pay by credit Card

Card Number _____ Expires _____ CW code _____

___ Other Method of Payment _____

___ I/we will pay the entire pledge on or before (please send an invoice two weeks prior).

___ I would like to be billed in _____ installments of \$ _____. Beginning on _____

___ Weekly ___ Monthly ___ Every three months ___ Yearly

___ Does your Company Match? Company Name: _____

By signing below, I/we are committing to the following donation/pledge to
The Pier Center for Autism Capital Campaign

Signature _____ Date _____

Please return form to:
The Pier Center For Autism, Mary Bertram
3895 Stadium Dr, Sioux City, IA 51106