



Hunger Experience Pledge Card: Church Copy

Donor Name _____ Phone _____

Donor Address _____

City _____ State _____ ZIP _____

\$ _____ per hour

Student Name _____

X _____ hours

Donor Signature _____

Pledge Collected

\$ _____ **Total Pledge** Please pay by cash or check.
Please consider paying in advance to aid in the collection process.

Pledge Card: Student Copy

Donor Name _____

Donor Phone _____

Pledge Total \$ _____

Pledge Collected

Keep this card to contact donors who choose to hold their pledges until after your time of fasting.



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