SISTERS OF SOCIAL SERVICE
100TH ANNIVERSARY JUBILEE
1926–2026

# Centennial Jubilee Campaign – Pledge Commitment Form

In support of the Centennial Jubilee Campaign, I/We _____ joyfully accept the Sisters' invitation to be part of a transformative movement of hope through a pledge commitment of $_____.

## Pledge Information

**Amount:** $_____ **Name of Donor to be Acknowledged:** _____

**First Installment Enclosed?** ☐ Yes ☐ No First Installment Amount: $_____

**Pledge Start Date:** Month _____ Day ____ Year _____ *(Date you wish to make your first pledge payment if not enclosed today.)*

**Pledge Installment Schedule:** ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

**Pledge Installment Amount:** $ _____ Number of Installments: _____

**Preferred Payment Method:** ☐ Credit Card ☐ Check ☐ Stock/Securities ☐ Other

*Please specify:* _____

**Credit/Debit Card:** ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Name on Card: _____

Card Number: _____ Exp Date ____/____ CSV _____

Authorized Signature: _____ Date Signed: _____

**Automatic Withdrawal:** *Attach Voided Check OR Complete This Section*

Bank: _____ Name(s) on Account: _____

Routing Number: __ __ __ __ __ __ __ __ __ Account Number: _____

Authorized Signature: _____ Date Signed: _____

☐ **I would like to learn more about including SSS in my estate plans.**

## Donor Information and Signature

First & Last Name

Second Name (if joint)

Address City State Zip

Home Phone Cell Phone Email Address

Signature Date

Second Signature (if joint) Date

**Please send signed gift documentation to:**
SSS Office for Development
4316 Lanai Road
Encino, California 91436

**Legal Name:** The Sisters of Social Service of Los Angeles
**Federal Tax ID:** 95-1793704

**Contact Information:**
Office: 818.285.3358 • Email: info@sssla.org