



Please fill out this form and mail it to us with your initial pledge installment donation. You may also call the Pinelands Preservation Alliance at 609-859-8860 ext 24 to make your donation. **Thank you!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*(Your email will not be traded or shared with anyone.)*

**I would like to pledge:**

\$10,000\*\*  \$5,000  \$1,000  \$500  Other \$ \_\_\_\_\_

*All donations will be recognized in our online publications and in print (alphabetical order without gift amount). (\*) Pledges of \$1,000 or more will be listed on our **Brendan T. Byrne Fund for the Pinelands** donor wall. (\*\*) Naming opportunities exist for pledges of \$10,000 or more.*

**I'd like to pay:**

Annually  Quarterly  Monthly

**Over:**

1 Year  2 years (available for pledges of \$500 or greater)  3 Years (available for pledges of \$1,000 or greater)

**Donor Recognition:**

Please list my/our name(s) on PPA's donor list as: \_\_\_\_\_

\_\_\_\_\_

I would like my gift to remain anonymous

**How would you like to pay?**  Credit card  Check *(Please make check payable to **PPA/Brendan T. Byrne Fund**)*

**Credit Card Details:**  Visa  Mastercard  Discover

**Cardholder Name:** \_\_\_\_\_ **3-Digit Security Code:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
*Street Address City State Zip*

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form with your payment to:**

**Pinelands Preservation Alliance, 17 Pemberton Road, Southampton, NJ 08088**

*Thank you for supporting the New Jersey Pinelands! PPA is a 501(c)(3) charitable organization.  
All contributions are acknowledged for tax purposes.*