



### Corporate Partner Information:

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly

I (we) would like to sponsor the following: caregiver toolbox college scholarship caregiver grant

I (we) plan to make this contribution in the form of: check credit card website IRA other

Credit card number \_\_\_\_\_

Credit card exp date/cvv \_\_\_\_\_

Authorized signature \_\_\_\_\_

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

Please use our logo on all media acknowledgements.

I (we) wish to have our gift remain anonymous.

Please make checks, corporate matches,  
or other gifts payable to:

Agnes McCarthy Caregiver Foundation  
300 Carlsbad Village Drive, Suite 108A #167  
Carlsbad, CA 92008

