



I Pledge to Move Forward!

Annual Pledge amount	\$ _____	Frequency (check one)	Daily _____	Weekly _____	Monthly _____	Single payment _____
Pledge Method	Cash _____	Check _____	Auto Deduct (First Sunday of each Month) _____			
Credit Card #	_____				Exp Date: _____	CW _____
Name	_____					
Contact Info:	Street _____	City _____		State _____	Zip _____	
	Phone: _____	Email _____				
Signature & Date	_____					_____

YES! I choose to be a part of ISD-DC as we Move Forward! Please activate my pledge today!

5419 Sherier Place NW ♦ Washington, D.C. 20016
202-363-7106 ♦ www.isd-dc.org



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