



Pledge Form for The Pediatric Place Family First Initiative

Purpose:

By signing this pledge form, you are committing to support *The Pediatric Place Family First Initiative*—a nonprofit organization dedicated to empowering families by connecting them with essential resources, focusing on community betterment, and eliminating barriers to healthcare access. Your participation can include donating financial support to this important cause, ensuring that children and families in our community receive the care and support they need to thrive.

Personal Information

(Please fill out the following fields.)

- **Full Name:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:** _____

Pledge Details

Please select the amount of pledge you are making to the Family First Initiative.

- **Financial Donation:**
I commit to a donation of:

\$_____ per month

Someone will reach out to you about payment options after receiving your form.

Agreement

By signing below, I confirm that I am making a voluntary commitment to support The Pediatric Place Family First Initiative as described above. I understand that my participation may be tracked, and I will receive updates on the initiative's progress. I also understand that this is a taxable donation, and I will receive a donation receipt by January 31st of the following year along with my yearly contribution receipt..

- **Signature:** _____
- **Date:** _____

Please email your completed form to melissas@thepediatric

Striving to help families secure resources to decrease barriers to healthcare access.



The
Pediatric Place
Family First Initiative

210 S 2nd St
Clinton, Mo 64735
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