



## Pledge Form

*Community Treatment Solutions* is dedicated to providing a continuum of services to children, adolescents and their families. Our programs are structured to be clinically intensive, quality driven and strength based. Programs support our clients in attaining skills to overcome barriers to productive life functioning.

### **Donor Information (please print or type)**

|                      |  |
|----------------------|--|
| Name                 |  |
| Billing address      |  |
| City                 |  |
| State                |  |
| ZIP Code             |  |
| Telephone (home)     |  |
| Telephone (business) |  |
| Fax                  |  |
| E-Mail               |  |

### **Pledge Information**

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

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check.

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded



**Community Treatment Solutions**  
Instilling Hope...Creating Dreams.

### Acknowledgement Information

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

|  |
|--|
|  |
|--|

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

|              |
|--------------|
| Signature(s) |
|--------------|

|      |
|------|
| Date |
|------|

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

Community Treatment Solutions  
236 W. Route 38, Ste 100  
Moorestown, NJ 08057

Please feel free to contact us at [info@ctsnj.org](mailto:info@ctsnj.org) or phone us at 856-642-9090 for further information.