



BLACK BELT COMMUNITY DEVELOPMENT COALITION
Lifting as we climb

Volunteer Pledge Form

Volunteer Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of _____ hours : daily monthly quarterly yearly.

I (we) plan to make this contribution to the following Program(s):

- Career Identification and Mapping**
- Neighborhood Revitalization**
- Education Initiatives**
- Community Development**
- Healthcare Awareness**

Acknowledgement Information

Please describe how you would like to receive information regarding upcoming events or training opportunities for the **Programs** selected above: _____

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:
Black Belt Community Development Coalition

**Black Belt Community Development
Coalition**
P.O. Box 2314
Selma, AL 36702