

Your financial donation will help support individuals who are transitioning back into the Community through rehabilitation.

**Method of Payment** (Please choose one)

**Check**     **Credit Card/Debit Card** (Circle one)    Visa    MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Amount to be billed annually for four years:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# My Pledge to

## Onslow Community Outreach



1210 Hargett St, Jacksonville, NC 28540  
910 455-5733 • onslowco.org

### Long-Term Substance Recovery Gap Funding Pledge Card for Onslow County

# Hope • Inspire • Support



Onslow Community Outreach

in Partnership with  
City of Jacksonville and Onslow County Government

