



Good Egg Club Pledge Card

I would like to support families in our community with a ONE-TIME Good Egg contribution of \$_____.

I would like to support families in our community with a MONTHLY Good Egg Contribution of \$_____. (12 Months) Starting:_____ Ending:_____

Enclosed is my check made payable to Caring Ministries of Morgan County.

Name: _____

Address: _____

Email: _____

Caring Ministries of Morgan County • 420 E. Railroad Ave. • Fort Morgan, CO 80701

970.867.3339 • www.caringministriesofmc.org