

PLEDGE CARD

I would like to become a member of The Legacy of Caring Society

- ___ SUSTAINER - \$1,000 PER YEAR FOR 3 YEARS.
- ___ ADVOCATE - \$5,000 PER YEAR FOR 3 YEARS.
- ___ CHANGE MAKER - \$10,000 PER YEAR FOR 3 YEARS.

I WOULD LIKE TO CONTRIBUTE IN OTHER WAYS:

- CONTRIBUTE \$ _____ FOR _____ YEARS
- PLEASE CONTACT ME. I HAVE OTHER THOUGHTS TO SHARE.

PAYMENT:

- MY CHECK IS ENCLOSED, MADE PAYABLE TO: PEOPLE HELPING PEOPLE
- PLEASE CHARGE MY VISA MASTERCARD # _____
CREDIT CARD EXPIRATION DATE _____ / _____ / _____

SIGNATURE: _____

- PLEASE CONTACT ME ABOUT PAYING MY PLEDGE WITH STOCKS.
- MY COMPANY WILL MATCH MY GIFT.
WE WILL BILL YOU IN ONE MONTH FOR YOUR ANNUAL PLEDGE, UNLESS YOU REQUEST OTHERWISE.

DATE _____ / _____ / _____

NAME _____

ORGANIZATION/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE (_____) _____ EVENING PHONE (_____) _____

E-MAIL _____