

FOUNDERS CIRCLE - a group of our most generous donors. It is a commitment to support our general fund and overall operations. Their generosity enables us to meet monthly expenses and continue our vital programs and services. We salute them and thank them for their ongoing support of The Pride Center.

FOUNDER(S) Information

YES! I/WE WANT TO INVEST IN THE FUTURE OF THE PRIDE CENTER

INDIVIDUAL(S) BUSINESS MEMBERSHIP

MAIN CONTACT NAME

SECONDARY CONTACT OR BUSINESS NAME

Husband/Wife Partner Significant Other

ADDRESS

CITY/STATE/ZIP

HOME PHONE

WORK/MOBILE PHONE

E-MAIL

BIRTHDAY(S)

Who introduced you to the Founder Circle? (if applicable)

PLEASE CHECK ALL THAT APPLY:

- I prefer to be listed anonymously!
- My employer has a gift matching program.
- I have The Center in my WILL!
- Are you interested in information about:
 - GIFT OF STOCK
 - CAPITAL CAMPAIGN

Founders Circle Membership Form



Pledge & Payment Information

I/we understand that this is a commitment and The Pride Center is counting on me/us to fulfill this pledge, which is for a term of:

ONE YEAR ONGOING (*SUSTAINING*)

PLEASE CHECK ONE:

LIFETIME MEMBER (*One-time gift of \$100,000 or more*)
PLEDGE: \$ _____

PLATINUM (\$10,000+) DIAMOND (\$5,000-\$9,999)
PLEDGE: \$ _____ PLEDGE: \$ _____

GOLD (\$2,500-\$4,999) SILVER (\$1,200-\$2,499)
PLEDGE: \$ _____ PLEDGE: \$ _____

CHECK ENCLOSED (Payable to: **The Pride Center**)

CREDIT CARD AUTHORIZATION

Payment Information: (*to be completed by member*)

I authorize **The Pride Center at Equality Park** to bill the credit card listed below as specified:

VISA MC AMEX

PLEASE CHARGE MY CREDIT CARD

- ANNUALLY (AT ONE TIME)
- MONTHLY AMOUNT OF \$ _____ X 12 months

Start on: _____ / 20 _____

Cardholder Name

Card Number

Cardholder ZIP Code: _____
(credit card billing address)

Expiration Date: _____ / 20 _____

Donor's Signature

