

2021 PLEDGE FORM



THE FAMILY
PARTNERSHIP

BETTER TOGETHER FUNDRAISING EVENT

I want to make a 5 year pledge:

- ☐ \$10,000 per year for 5 years
- ☐ \$5,000 per year for 5 years
- ☐ \$2,500 per year for 5 years
- ☐ \$1,000 per year for 5 years

I want to make a 3 year pledge:

- ☐ \$15,000 per year for 3 years
- ☐ \$10,000 per year for 3 years
- ☐ \$5,000 per year for 3 years
- ☐ \$1,000 per year for 3 years

Or, I want to contribute another amount:

Contribute \$_____ for _____ years. We will bill you in June for your annual pledge, unless you request otherwise.

Payment:

- ☐ My check is enclosed, made payable to The Family Partnership
- ☐ Please charge my Visa/MC/American Express/Discover:
#_____ Exp. Date_____ Security code_____
- ☐ Please contact me about paying my pledge with stock
- ☐ My company/organization will match my gift
- Company/organization name:_____

My information (please print clearly):

- Date:_____ Name:_____
- Address:_____
- City:_____ State:_____ ZIP:_____
- Phone:_____ Email:_____
- Signature:_____
- Your name as you would like it to appear on donor recognition materials:

- ☐ I wish to remain anonymous (you will not be listed in our Annual Report)



All donations are tax-deductible to the fullest extent allowed by law.

Thank you for your support!