



IMPACT CIRCLE PLEDGE FORM

Yes, I will make an impact by pledging to donate a minimum of \$1,000 a year.
I understand that as an Impact Circle member, it is my responsibility to lead by example. I will support:

Friend
\$1-\$999

Match Maker
\$1,000-\$4,999

Big Defender
\$5,000+

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Choose your method of payment for this year: Automatic debit, credit card payment or direct gift:

Automatic Bank Account Debit:

\$ _____

Monthly

Quarterly

Once Annually

Bank Name _____

Routing# _____

Account# _____

Direct Gift:

Check attached for \$ _____

Automatic Credit Card Charge:

Monthly

Quarterly

Once Annually

Card# _____

Exp. Date _____ CVV Code _____

Billing Address City/State/Zip
(if different than above address)

Signature

Date Payments Begin