



Vision 2020 CAMPAIGN

Building a Financial Legacy

Donation/Pledge Form

Name: _____ Date: _____

Member ID #: _____ Chapter: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I would like to make a: Donation *(By selecting donation, your payment will be processed upon receipt.)* Pledge

I would like to join the following Legacy Circle: *(please check the appropriate donation level)*

- Founders Circle: \$1.00 - \$999 *(donations between \$500 - \$999 will receive a plexi glass Founders paper weight)*
- Silver Circle: \$1,000 Bronze Circle: \$3,000 Gold Circle: \$5,000
- Platinum Circle: \$10,000 Pearl Circle: \$15,000 Sapphire Circle: \$20,000
- Emerald Circle: \$25,000 Diamond Circle: \$50,000 Endowed Circle: \$100,000
- Other Amount \$ _____

I am would like to join the donor match program. Yes

COMMITMENT - As a first-time donor to The Links Foundation, Incorporated, I would like to use the donor match gift of \$500 from a 1946 Society donor. I understand that I am to make a total contribution of \$1,500 over a two year period from the date of this form. The first \$500 is submitted with this form and the final \$1,000 will be given on or before two (2) years from this date. Additionally, I understand that upon completion of my total pledge, I will receive the Silver Circle incentive pin and I will be listed as a \$2,000 donor to the Legacy Fund of The Links Foundation, Incorporated.

Signature

Date

METHOD OF PAYMENT *(Please check one)*

- Check** - Return this form with a check made payable to: The Links Foundation, Incorporated.
- Credit Card** (Complete the section below) - Credit cards (American Express, Discover, MasterCard, Visa) will be charged on the dates indicated below. Please notify The Foundation in writing 10 business days in advance of any payment date changes. A 3% credit card usage fee will be applied to all credit card payments.

PLEDGE FREQUENCY OPTIONS Two Payments Four Payments Six Payments

Indicate Credit Card Payment Date(s) (MM/DD/YY) and Amount to be Charged

Date	Date	Date	Date	Date	Date
Amount	Amount	Amount	Amount	Amount	Amount

Credit Card Number: _____ Exp. Date: ____ / ____ Security Code: _____

Print Name: _____ Signature: _____

Billing Address *(if different from above, please include address, city, state and zip):*

MAIL FORM & PAYMENT TO:

The Links Foundation, Incorporated • Vision 2020 Campaign • 1200 Massachusetts Ave., NW, Washington, D.C. 20005
EMAIL: foundation@linksinc.org • FAX: 202.842.4020, Attn: Foundation