



## MEMBERSHIP PLEDGE 2021

*Yes, I want to make a difference in the lives of women and girls in Central Kentucky!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### TYPE OF MEMBERSHIP PLEDGE

☐ Individual \$1,000 ☐ Lifetime (\$25,000 payable over 5 years)

☐ I am unable to join this year but want to help. Please accept my tax-deductible contribution in the amount of \$ \_\_\_\_\_

### PAYMENT OPTIONS

☐ 1 annual payment of \$1,000 payable by check or credit card

☐ 4 payments of \$250\* (January 15, April 15, July 15, October 15)

☐ 12 payments of \$85\* a month beginning Nov. 15

*\* For payments, please provide credit card information below. Payments must be complete by Oct. 30, 2021. Gifts are 100% tax deductible.*

***Make checks payable to:***

Central Kentucky Community Foundation

***Mail checks to:***

200 Jim Owen Drive, Elizabethtown, KY 42701

### DEBIT/CREDIT CARD AUTHORIZATION

*I hereby authorize Central Kentucky Community Foundation to charge my debit/credit card provided herein according to the payment option selected above.*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_