



MEMBERSHIP PLEDGE 2024

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 (recurring credit card payment)

12 payments of \$85 a month (recurring credit card payment)

* 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: _____