

Yes! I would like to become a member of the Champions for Children Society.

Contribute \$ _____
per year for 5 years

*(\$1,000 yearly minimum donation for
Champions for Children Society)*

- **Innovation Impact** (\$1,000/year or \$84/month)
- **Inspiration Impact** (\$5,000/year or \$417/month)
- **Transformation Impact** (\$10,000 per year or \$834/month)

Yes! I would like to contribute in other ways

Contribute \$ _____ for _____ years.

Please contact me. I have other thoughts to share.

PAYMENT OPTIONS *This donation will be processed immediately, unless specified otherwise.*

My check or cash is enclosed in the amount of \$ _____

Please make checks payable to: *Brevard Schools Foundation*

Please charge my credit card. This is a personal business account.

Card #: _____ Exp. ____ / ____ CVV: _____

I would like this to be a recurring payment on this credit card: Monthly Yearly

I understand I can increase, decrease, or stop this recurring credit card payments at anytime by contacting Brevard Schools Foundation.

I would like to pay my pledge in installments. Please bill me:

Per month \$ _____ or Per year \$ _____, for _____ years.

Please contact me about paying my pledge with stock or an IRA.

My company will match my gift. Name of company: _____

We will remind you in May of your annual pledge, unless you request otherwise.

CONTACT INFORMATION

Date: _____

Name: _____

Signature: _____

Organization (if applicable): _____

Address: _____

Home Work

City, State and Zip Code: _____

Day Phone: _____ Even. Phone: _____

Home Work Cell

Home Work Cell

Email: _____

Home Work

Keep me in the know, please add me to your mailing list.

Existing Champions for Children Society member, see other side...

CURRENT SOCIETY MEMBERS

Thank you for your prior pledge support. Please tell us how you would like to support Brevard Schools Foundation today.

I would like to:

- Add _____ more years to my previous multiple-year pledge.
- Increase my financial commitment to \$ _____ for _____ years
- Pay off my existing pledge in full and increase to \$ _____ for _____ years
- Pay off my annual pledged amount today.
- Speak with someone directly. Please contact me; I have other thoughts to share.

PAYMENT OPTIONS This donation will be processed immediately, unless specified otherwise.

- My check or cash is enclosed in the amount of \$ _____
Please make checks payable to: *Brevard Schools Foundation*
- Please charge my credit card. This is a personal business account.
Card #: _____ Exp. _____ / _____ CVV: _____
 I would like this to be a recurring payment on this credit card: Monthly Yearly
I understand I can increase, decrease, or stop this recurring credit card payments at anytime by contacting Brevard Schools Foundation.
- I would like to pay my pledge in installments. Please bill me:
Per month \$ _____ or Per year \$ _____ , for _____ years.
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