



Annual Fund Pledge Form

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email Address _____

Company _____

My company will match my gift

Your name as you wish it to appear for donor recognition purposes:

This gift should remain anonymous.

Membership Level

Capstone Society (\$10,000/year) Cornerstone Foundation (\$5,000/year) Pillar Circle (\$2,500/year) Milestone Makers (\$1,000/year)

Keystone Supporters: Level 4 (\$750/year) Level 3 (\$500/year) Level 2 (\$250/year) Level 1 (\$100/year)

GIFT/PLEDGE INFORMATION

Gift Amount: \$ _____

___ One Time Gift

___ Recurring Gift

Annually

Quarterly

Monthly

Recurring payments by credit card will be charged on the first of the month for the period specified.

Recurring payments by check will receive regular payment reminder.

TRIBUTE INFORMATION (IF APPLICABLE)

This gift is

In honor of

In memory of

Name: _____

Name and Address for tribute acknowledgement:

PAYMENT INFORMATION

___ Check Enclosed ___ Amex ___ Visa ___ Discover ___ MC

Card Number _____ Expiration _____ CVV _____

Name on Card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

Use the address above

Please make checks payable to McMains Children's Developmental Center

1805 College Drive
Baton Rouge, LA 70808