

Name(s)					
Address					
City				State	_Zip
Phone(day)	(evening)		Email		
Name(s) as to be listed	in recognition				
☐ I/We wish to remain	anonymous				
☐ Yes, I would like to	waive my Circle Benefits	for a fully tax-deductible gift			
Select your donor level:					
<b>Q1</b> \$2,500 (\$1,800 Tax-Deductible)	Q2 \$5,000 (\$4,160 Tax-Deductible)	Q3 \$10,000 (\$8,960 Tax-Deductible)	<b>Q4</b> \$25,000 (\$23,790 Tax-Deductible)	<b>Q5</b> \$40,000 (\$38,620 Tax-Deductible)	<b>Q6</b> \$50,000 (\$48,450 Tax-Deductible
		e an annual donation for a m			
☐ Please bill me/us:	☐ Monthly	, υ ☐ Quarterly	☐ Annually		
☐ Please charge:	□ Visa	☐ MasterCard	☐ American E	xpress	
Please charge my card:	☐ Monthly	☐ Quarterly	☐ Annually		
Installment start date					
Card number				Exp. date/_	
Name on card				Security code	
☐ My/Our employer wi	ill match my/our gift. Na	me of employer:			
Signature				Date	1

THANK YOU! Your gift is making a difference!