



## 2018 Pledge Form

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

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

Email: \_\_\_\_\_ Preferred Tel. #: \_\_\_\_\_

**2018 Pledge:** Please count on me to be a member of the RMHC Baltimore Annual Giving Society with my gift of: \$ \_\_\_\_\_

### Giving Levels:

- **Gift of Hope:** Annual gift of \$1,000 - \$4,999
- **Gift of Strength:** Annual gift of \$5,000 – \$14,999
- **Gift of Courage:** Annual gift of \$15,000 – \$24,999
- **Gift of Laughter:** Annual gift of \$25,000 - \$49,000
- **Gift of Inspiration:** Annual gift over \$50,000

### My gift will be paid: (please check option):

- One time donation paid in full by : \_\_\_\_\_
- Monthly debit from checking account (cancelled check attached)
- Monthly credit card auto payment    \_\_\_ MC    \_\_\_ Visa    \_\_\_ AE    \_\_\_ Discover  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
  - *Debbie Hood will confirm and coordinate your method of payment. For questions, contact Debbie at (410) 528-1010 x105 or dhood@rmhcbaltimore.org*

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

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

For gifts of \$1k and over, please indicate how you would like your name recognized in our Annual Giving Society (ex: Joe Smith; The Smith Family; Sue, Joe & Bobby Smith; in honor/memory of...)

\_\_\_\_\_

\*Return completed Pledge Form to Debbie Hood, RMH, 635 W. Lexington Street, Baltimore, MD 21201\*

**THANK YOU FOR YOUR SUPPORT!**