



2019 Pledge Form

NAME: _____

Please count on me to be a member of the RMHC Annual Giving Society with my 2019 gift of: \$____.*

**Annual Giving Society gifts are unrestricted and used for operating support, and are exclusive of support to the Capital Campaign and/or any Special Event (i.e. Red Shoe Shuffle, RMH Golf Classic and HamburGala).*

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 online recurring payment of \$: _____
- 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*

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...)

Enrollment form can be mailed to RMHC Maryland, 1 Aisquith Street, Baltimore, MD 21202 or emailed to dhood@rmhcmaryland.org

THANK YOU FOR YOUR SUPPORT!