



2021 Annual Fund Pledge Form

NAME: _____

Please count on my support for the RMHC Annual Fund with a gift of: \$_____ (*Annual Fund Gifts of \$1,000 or over will be included in the Annual Giving Society and are unrestricted gifts for operating support.

Annual Giving Society 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 : _____
- Online donation: at rmhcmaryland.org/ways-to-give/annual-giving-society
- 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: _____

Gifts of \$1k & over will be included in the *Annual Giving Society* on the RMHC Maryland website and in the Annual Report. Please indicate below how you would like your gift to be recognized.

THANK YOU FOR YOUR SUPPORT!