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| Please fill out the form below and mail to: Kate Tully, SC 560D, 1530 3RD AVE S, BIRMINGHAM, AL 35294‐0017  |

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This commitment to the Civitan‐Sparks Clinics as a gift/pledge should be recorded from:

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occasionally we may need to contact you to clarify a question regarding your gift/pledge. Please indicate a telephone number and e‐mail address (if available).

Day Telephone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Work □ Home Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose for which this gift is intended. *(Check should be made payable to the Civitan/Sparks Clinics)*

□ Where the Civitan‐Sparks Clinics need is greatest (unrestricted)

If there is a specific area of focus to which you would like your gift/pledge directed, please indicate below.

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I/we commit □$750 □$500 □$250 □$100 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I/we remit $ \_\_\_\_\_\_\_\_\_\_\_\_ now and request that you invoice me/us in the amount of $ \_\_\_\_\_\_\_\_\_\_ per year for □ 1yr. □ 2yrs.□ 3yrs.

For contributions by credit card

Contribution $ \_\_\_\_\_\_\_\_\_\_\_\_ □Mastercard □VISA □Discover □AMEX Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This gift/pledge is □ Joint □ Individual □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Matching gift form enclosed.