

Donate to the Alliance

Contributions support our vision of a healthy and equitable society

Gift or Pledge:

Total gift \$ _____

Total amount enclosed \$ _____

Pledge balance \$ _____

To be paid:

- Quarterly Annually
 Over two years Over three years

Please use my donation as follows:

- Where the need is greatest
 General endowment
 Other: _____

Gifts are tax deductible as provided by law

Honor or Memorial Designation:

My gift is:

- In honor of:
 In memory of:

Payment:

Check:

Please make check payable to:
Alliance for Strong Families and Communities

Credit card:

- MasterCard Visa American Express

Credit card number:

Expiration date: ____ / ____

Name (as it appears on card):

Signature:

Special instructions:

Matching Gift:

- The gift will be matched by my company, I have enclosed my company's form

General Information:

Name: _____

- I wish to remain anonymous

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Email: _____

Second Century Society:

Members of the Second Century Society support the Alliance through planned gifts.

I have remembered the Alliance in my estate plan:

- In my will
 As a beneficiary of insurance
 As beneficiary of a trust
 Other: _____

- Please contact me to further discuss the Second Century Society

Donor Levels:

Innovator - \$25,000

Family Circle - \$10,000

Founder's Circle - \$5,000

President's Council - \$2,500

Fellow - \$1,000

Patron - \$500

Partner - \$100

Friend - Up to \$99