



## 2020 Strengthening Families Breakfast

*Our mission is to provide opportunities to children, youth and families to be more responsible for their own lives and to strengthen their relationships with others.*

### I want to join the *Strengthening Families Society*

- Gift of Stability                      \$1,000 per year for 5 years    Beginning \_\_\_\_\_
- Gift of Strength                      \$5,000 per year for 5 years    Beginning \_\_\_\_\_
- Gift of Empowerment                \$10,000 per year for 5 years    Beginning \_\_\_\_\_

### I want to contribute in other ways

- Yearly pledge of \$ \_\_\_\_\_ for \_\_\_\_\_ years. Beginning \_\_\_\_\_.
- Monthly recurring gift of \$ \_\_\_\_\_ Beginning \_\_\_\_\_.
- A one-time gift of \$ \_\_\_\_\_
- My company will match my gift. Company Name \_\_\_\_\_.
- Please contact me about including Highfields in my will or estate plan.
- Please contact me, I have other thoughts to share.

### I have a **CURRENT PLEDGE**. I would like to:

- Add \$ \_\_\_\_\_ per year for the remainder of my existing pledge.
- Extend my current pledge for \_\_\_\_\_ more year(s) at the same amount per year.
- Increase my current pledge by \$ \_\_\_\_\_ for \_\_\_\_\_ more year(s).
- Pay my existing annual pledge payment today.

(Address Required if paying by Credit Card or Automatic Withdrawals)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list my/our name as: \_\_\_\_\_

### Payment Information

- Divide my pledge into payments:     One Time     Monthly     Quarterly     Annually
- My check is enclosed, made payable to: **Highfields, Inc., 5123 Old Plank Rd, Onondaga, MI 49264**
- Please charge my credit card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_
- Please deduct from my bank/credit union Account # \_\_\_\_\_ Routing # \_\_\_\_\_
- Process my payments on:     1st of month     15th of month. Beginning \_\_\_\_\_.