



# 2023 Pledge Form

*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*

- |                                              |                               |                 |
|----------------------------------------------|-------------------------------|-----------------|
| <input type="checkbox"/> Gift of Stability   | \$1,000 per year for 5 years  | Beginning _____ |
| <input type="checkbox"/> Gift of Strength    | \$5,000 per year for 5 years  | Beginning _____ |
| <input type="checkbox"/> Gift of Empowerment | \$10,000 per year for 5 years | Beginning _____ |

## 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.

## 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.



Scan here to donate online!

(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

- My check is enclosed, made payable to: **Highfields, Inc., 5123 Old Plank Rd, Onondaga, MI 49264**
- Divide my pledge into payments:  One Time  Monthly  Quarterly  Annually
- Process my pledge payments on:  1st of month  15th of month. Beginning \_\_\_\_\_.

Please charge my credit card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ CCV \_\_\_\_\_

Please deduct from my bank/credit union Account # \_\_\_\_\_ Routing # \_\_\_\_\_