



2024 Strengthening Families Breakfast 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.

YES, I would like to become a Member of the Strengthening Families Society!

- Gift of Stability** \$1,000 per year for 3 years OR \$83.33 monthly for 36 months
- Gift of Hope** \$2,500 per year for 3 years OR \$208.33 monthly for 36 months
- Gift of Strength** \$5,000 per year for 3 years OR \$416.66 monthly for 36 months
- Gift of Empowerment** \$10,000 per year for 3 years OR \$833.33 monthly for 36 months

I would like 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 paying my pledge with a gift from my IRA.
- Please contact me about leaving a legacy gift to 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:

- Extend my current multi-year pledge for _____ more year(s).
- Increase my current multi-year pledge by \$_____ for _____ more year(s).
- Pay my existing annual pledge payment today.

(Please provide your address and phone number if paying by Credit Card or Automatic Withdrawals)

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **Email Address:** _____

Please list my/our name as: _____

TABLE # _____

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 # _____