2026 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 relationship 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 - $83.33 monthly for 36 months
☐	Gift of Hope	$2,500 per year for 3 years - $208.33 monthly for 36 months
☐	Gift of Strength	$5,000 per year for 3 years - $416.66 monthly for 36 months
☐	Gift of Empowerment	$10,000 per year for 3 years - $833.00 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 <u>CURRENT PLEDGE</u>. 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 ACH.

Name: **Date:**

Address:

City: **State:** **Zip Code:**

Telephone: **Email:**

Please list my/our name in your Annual Report as:

PAYMENT INFORMATION

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