



Total Gift Amount \$ _____

Print Name _____

- Corporate Gift
 Individual Gift

Address _____

City, State, ZIP Code _____

Email _____

Telephone Number _____

Leadership Giving

(Spouses may combine gift for recognition)

I/we wish to join the

- | | |
|---|---|
| <input type="checkbox"/> Associates \$250 - \$499 | <input type="checkbox"/> Patrons \$3,000 - \$4,999 |
| <input type="checkbox"/> Partners \$500 - \$999 | <input type="checkbox"/> Benefactors \$5,000 - \$9,999 |
| <input type="checkbox"/> Investors \$1000 - \$2,999 | <input type="checkbox"/> Tocqueville Society \$10,000 & above |
| <input type="checkbox"/> Womens Leadership Council \$1000 and above | |

Please list my/our names as follows:

My gift is anonymous

Signature _____

Date _____

1. Payment Enclosed:

- Check # _____ Cash

2. Payroll Deduction - The easiest option:

I hereby authorize a payroll deduction of:
\$ _____ for _____ pay periods.

3. Bill Me Directly: (\$50 Minimum donation)

- Quarterly Annually

4. Direct Withdrawal: (\$50 Minimum donation)

- monthly quarterly
attach voided check

5. Credit Card (\$50 Minimum donation)

- VISA MasterCard
Bill my credit card January quarterly

Card# _____

Exp Date _____