

Donor Pledge Form

Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (w) _____ (cell) _____

Email _____

I am happy to pledge my support to the TOWF for the following commitment(s):

Sustaining Donor					
			Annual Pledge Amount	Annual Payment	Monthly Payment
<input type="checkbox"/>	Wisdom Warriors	Pledges of \$1,000 +			
<input type="checkbox"/>	Community Builders	Pledges of \$100 to \$999			
<input type="checkbox"/>	Torch Bearers	Donors who commit to supporting the TOWF Monthly			

TOWF Capital Campaign 2017 - 2021						
		GIVING LEVELS	Single Payment	Annual	Quarterly	Monthly
<input type="checkbox"/>	Harrell's Heroes	\$ 10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$167
<input type="checkbox"/>	Powell's Partners	\$ 5,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$ 84
<input type="checkbox"/>	Stansbury's Sustainers	\$ 2,500	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$125	<input type="checkbox"/> \$ 42
<input type="checkbox"/>	Boggs' Builders	\$ 1,000	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 17
<input type="checkbox"/>	Torch Lighters	\$ 500	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 9

Signature _____ Date _____

Please make contributions payable to: **TORCH OF WISDOM FOUNDATION, INC., PO BOX 2787, Southfield, MI 48037**

--- To be filled out by the TOWF Finance Team Only ---

Single Payment: Received _____ Check Number _____ Total _____

Annually: Month due _____

Quarterly: Payments due: March _____ June _____ September _____ December _____

Monthly

Method of payment: _____

SD: 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____

CC: 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____

Pledge Received by: _____ **Date** _____