



LIVE UNITED

Pledge Billing Form

Name _____

Employer _____

Address _____ City/State/ZIP _____

Phone number _____ Email _____

_____ I/We wish to remain anonymous.

Total Gift \$ _____

Please bill me _____ Quarterly (billings sent Dec, Mar, June, Sept) or _____ Annually on _____
(Month you want to be billed)

_____ SIGNATURE _____ DATE

Leadership Giving – Heart Club Heart Club Members are those with an annual gift of \$250.00 or more.

Giving Levels: Bronze \$250 - \$499, Silver \$500 - \$999, Gold \$1,000-\$1,999, Platinum \$2,000-\$4,999, Titanium \$5,000+

My (our) total Campaign pledge is \$ _____

Print name(s) as they should appear in any Heart Club Materials: _____

Spouse's Employer: _____