



## Commitment Form

The Care Net Champions for Life Society is a group of donors driven by our mission and committed to the long-term vision of Care Net. Champions for Life Society members pledge to annual commitments for three, five and ten years. This longer-term commitment allows us to better plan our activities in a more stable financial environment.

### Benefits

As a Champion for Life Society member, you will receive special recognition and a place of honor at the Annual Banquet with a complimentary table for your guests.

### Donation Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Commitment Date \_\_\_\_\_

*See example commitments below and indicate your commitment in the shaded box.*

Annual Commitment	3-year Total	5-year Total	10-year total	Monthly Payment Option
\$1,000	\$3,000	\$5,000	\$10,000	\$83.33
\$1,200	\$3,600	\$6,000	\$12,000	\$100.00
\$2,000	\$6,000	\$10,000	\$20,000	\$166.66
\$2,400	\$7,200	\$12,000	\$24,000	\$200.00
\$3,000	\$9,000	\$15,000	\$30,000	\$250.00
\$5,000	\$15,000	\$25,000	\$50,000	\$416.66

<i>My annual commitment</i>	<i>x</i>	<i>Number of years</i>	<i>=</i>	<i>Total pledged gift</i>
<i>\$</i> _____	<i>x</i>	<i>_____ years</i>	<i>=</i>	<i>\$</i> _____

### Method of Payment *(Indicate your method of payment and circle your intended timing of payment.)*

- Credit Card** *(circle one):* Visa | M/C | Discover | Am Ex

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Check**
- Other** *(please specify type of payment):* \_\_\_\_\_
- I will make payments** *(circle one):* Yearly | Semi-Annually | Quarterly | Monthly

*Please return this completed Champions for Life Commitment Form to:*

Care Net Pregnancy Services of Northern Kentucky, P.O. Box 17688, Covington, KY 41017