



## Commitment Form

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

### Benefits

As a Champion for Life Society member, you will receive special recognition based on the level you attain. You also will receive more frequent updates specific to our ultrasound program and our nurses. Please see the Champions for Life brochure for detailed information about cumulative attainment levels.

### Commitment Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date payments will begin \_\_\_\_\_

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
\$10,000	\$30,000	\$50,000	\$100,000	\$833.33
\$5,000	\$15,000	\$25,000	\$50,000	\$416.66
\$3,000	\$9,000	\$15,000	\$30,000	\$250.00
\$2,400	\$7,200	\$12,000	\$24,000	\$200.00
\$2,000	\$6,000	\$10,000	\$20,000	\$166.66
\$1,200	\$3,600	\$6,000	\$12,000	\$100.00
minimum \$1,000	\$3,000	\$5,000	\$10,000	\$83.33

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

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

**Credit Card:** Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Security code \_\_\_\_\_ Billing ZIP \_\_\_\_\_ Name on card \_\_\_\_\_

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

**Check**       **Other** *(please specify type of payment):* \_\_\_\_\_

I will make payments  **Monthly**     **Quarterly**     **Semi-Annually**     **Annually**

Please return your completed form to Care Net Pregnancy Services of NKY, PO Box 17688, Covington, KY 41017