

Your 501 Commons Commitment Card for 2018 & 2019

First & Last Name (on card): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Credit/Debit Card Type: Visa MasterCard Discover American Express

Account No.: _____ Security Code: _____

Billing address, *if not the same as the one above:* _____ Expiration Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Make my gift anonymous.

Tell me how I can donate through my estate and will.

Are you interested in other types of giving? Please contact Scott Hayman at 206.445.2841, or scott@501commons.org, or 1200 12th Ave S #1101 Seattle, WA 98144-2712

I promise to fulfill my pledge(s) and authorize 501 Commons to charge my credit/debit card account, or bill me per my instructions

Signature: _____

■ Donations are tax deductible. Thank you for your generosity toward 501 Commons' continuing success! ■

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2018 Fall Campaign

1. My gift to the Fall 2018 Campaign will be at this level (✓):

- Vanguard Society \$2,500 Communitarian Circle \$1,800
 Leadership League \$1,000 Pacesetter Alliance \$500
 Partner \$250 Visionary \$180 Friend \$100
 Supporter \$50 Other Amount \$ _____

2. This gift will be completed in the following manner (✓):

__ **Check:** 501 Commons, 1200 12th Ave S #1101, Seattle, WA 98144

__ **Credit/Debit:** Go to 501commons.org/donate 

__ **Credit/Debit:** Charge my account using the information on the reverse of this card.

Do you want to gift securities or an IRA qualified charitable distribution?
Contact Scott Hayman at scott@501commons.org.

2019 Pledge

1. My pledge to the 2019 Campaign will be at this level (✓):

- Vanguard Society \$2,500 Communitarian Circle \$1,800
 Leadership League \$1,000 Pacesetter Alliance \$500
 Partner \$250 Visionary \$180 Friend \$100
 Supporter \$50 Other Amount \$ _____

2. This gift will be completed in the following manner (✓):

__ One-time donation payable in the month of _____:
__ Check *or* __ Credit/Debit card

__ Bill me in 4 quarterly payments (Mar, Jun, Sep, Dec) via:
__ USPS *or* __ e-Mail

__ Recurring credit card charge (Jan – Dec):
__ Monthly __ Quarterly __ Semiannually

■ Please complete the authorization and billing information form on the reverse side. ■