

Yes! I want to be a part of the Center for Community Leadership.



Name _____

Address _____

Phone _____ Email _____

Pledge amount: \$25,000 \$15,000 \$10,000 \$5,000 \$2,500 \$1,050 Other* \$ _____

**All gifts will be acknowledged permanently on the Legacy Wall, starting with gifts at \$1,050 and above.*

I would like to pay my pledge balance over a period of 1 2 3 4 5 years,

with payments made Annually Semi-annually Quarterly Monthly, beginning _____
Month/Year

Payment method: Automatic Draft* Check enclosed Credit Card Please invoice me

**Please complete and return ACH form with this pledge card.*

Credit card number _____ Expiration date _____

Name on credit card _____

*Please mail completed form to:
Junior League of Raleigh
ATTN: Development Office
PO Box 26821
Raleigh, NC 27611-6821*

