



GIVING SOCIETIES

I would like to pledge my support to Emerge and will contribute \$_____ per year for three years. With this annual pledge, I look forward to joining the following Giving Society:

<input type="radio"/> Monarch Circle	\$10,000 to \$19,999	<input type="radio"/> Visionaries	Gifts of \$20,000 or more
<input type="radio"/> Wings of Hope	\$5,000 to \$9,999	<input type="radio"/> Champions of Change	\$2,500 to \$4,999
		<input type="radio"/> 1960 Giving Circle	\$1,000 to \$2,499

Personal Information

Name: _____
(as you wish to be acknowledged)

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

I would like my gift to be anonymous.

I'd like to increase the impact of my support with a matching gift of \$_____ from _____
(my employer/organization name)

Payment Information

Please find my check made payable to "The Emerge Foundation" enclosed.

I would like to pay via credit card. Please keep this card on file for future annual charges.

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address (if different from above): _____

City, State, Zip: _____

For more information, please contact Julie Chappell, Annual Giving Manager: jchappell@emergela.org or 225-663-6914.

The Emerge Foundation provides philanthropic support to The Emerge Center and The Emerge School for Autism and is a tax-exempt charitable organization. All contributions are tax deductible as allowed by law. Tax ID 45-5434705.