



GIVING SOCIETIES

Giving Levels

Visionaries: \$20,000 or more

Monarch Circle: \$10,000 to \$19,999

Champions of Change: \$2,500 to \$4,999

Wings of Hope: \$5,000 to \$9,999

1960 Giving Circle: \$1,000 to \$2,499

I would like to pledge my support to Emerge.

I will contribute \$ _____ per year for _____ years (minimum of 5 years).

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.

My company matches gifts. Company Name: _____

Payment Information

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

I would like to pay via credit card. (3% processing fee) Please keep this card on file for future annual charges.

Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address (if different from above): _____

City, State, Zip: _____

For more information, please contact Ashley McDermott, Director of Annual Giving: amcdermott@emergela.org or 225-663-6914.

Please mail checks to The Emerge Foundation, 7784 Innovation Park Dr., Baton Rouge, LA 70820

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.



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For Office Use Only

Year Span: _____ New Pledge Renewal

First payment of pledge expected: _____

Designation: _____

Payment Type: Credit Card Check

Other: _____

Notes: _____

