



AAWGT LIFETIME MEMBERSHIP PLEDGE AGREEMENT

Pledge:

I, _____ hereby certify my intent to establish a Designated Endowment Fund with a gift of \$12,000 for the purpose of becoming a Lifetime Member of Anne Arundel Women Giving Together. I confirm I have read and understand the Terms and Conditions on the back of this form.

Signature: _____ Date: _____

Payment Schedule:

I intend to fulfill this pledge through annual payments over: One Year Two Years Three Years
Starting date: _____

Payment Method:

Check: Please make checks payable to Community Foundation of Anne Arundel County; note "AAWGT LTM" in memo line.

Stock Transfer: Call CFAAC at 410-280-1102 for transfer information or visit www.cfaac.org/advisor-toolkit.html.

Credit Card: Pay online at <https://cfaac.fcsuite.com/erp/donate> and select Anne Arundel Women Giving Together, or provide the following information:

Type: Visa MasterCard Discover

Name: _____ (as it appears on credit card)

Credit Card #: _____ Exp Date: _____

Security Code: _____ Billing Zip Code: _____

Note that Community Foundation of Anne Arundel County will appear on your credit card.

You will receive an acknowledgement letter for tax purposes upon receipt of each payment.

DONOR INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Preferred Phone: _____ Email: _____

Special Requests: _____

Date Received by CFAAC: _____

Date AAWGT Notified: _____

Date Mailed to Donor: _____

Please return this form to:

Community Foundation of Anne Arundel County

900 Bestgate Road, Suite 400

Annapolis, MD 21401

Phone: 410-280-1102

The Community Foundation of Anne Arundel County is an IRS designated 501(c)(3) organization. Donations are tax deductible to the full extent allowed by law.