



**SAYING  
YES!**

# 2020 TAILS OF INDEPENDENCE FUNDRAISER

**PLEDGE FORM**

## A: Join the Leadership Circle

I would like to become a member of the Leadership Circle at the following level:

- ☐ Building Independence Circle (\$1,000 each year for five years)
- ☐ Creating Peace of Mind Circle (\$5,000 each year for five years)
- ☐ Changing Lives Circle (\$10,000 each year for five years)

## B: I Would Like to Contribute in Other Ways

- ☐ Contribute \$\_\_\_\_\_ each year for \_\_\_\_\_ years for a total of \$\_\_\_\_\_
- ☐ A one-time gift of \$\_\_\_\_\_
- ☐ A monthly gift of \$\_\_\_\_\_ beginning on the 15th of \_\_\_\_\_ until I cancel.  
(month)
- ☐ I am requesting a contribution from my Donor Advised Fund in the amount of \$\_\_\_\_\_
- ☐ I would like to volunteer.
- ☐ Please contact me, I have other thoughts to share.
- ☐ I am interested in being a Table Host at the 2021 Tails of Independence Event.
- ☐ I am interested in information about the February 2021 Fetching Ball Gala.

## C: Payment Options

- ☐ My check is enclosed, made payable to Can Do Canines.

Please charge my:

- ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express # \_\_\_\_\_ expires \_\_\_\_ / \_\_\_\_ CVV # \_\_\_\_\_  
(Please circle one) monthly / quarterly / annually\* / one-time \*Your annual gift will be billed each May unless otherwise directed.

Signature \_\_\_\_\_

- ☐ Please contact me about paying my pledge with stock. ☐ My company will match my gift. ☐ Other, please contact me.

## D: Contact Information

Name(s) \_\_\_\_\_

*Please print your name(s) exactly as you would like them to appear in our publications.*

- ☐ Keep my commitment to Can Do Canines anonymous.

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## E: Current Leadership Circle and Multi-Year Donors

Thank you for your prior pledge of support. Please tell us how you would like to support our work today.

- ☐ I would like to add \_\_\_\_\_ years to my existing pledge.
- ☐ I understand that this will create a new pledge document.
- ☐ I would like to increase my existing pledge amount by \$\_\_\_\_\_ for \_\_\_\_\_ years.
- ☐ I would like to pay my existing pledge in full.
- ☐ I would like to pay my annual pledge payment today. My pledge arrangements will stay the same.
- ☐ Please contact me to discuss my pledge arrangements.

SIGNATURE \_\_\_\_\_