



# Lilac Circle Donor Pledge Form

*A Lilac Circle Pledge is a 3-5 year commitment utilizing the installment plan laid out below.*

*Donors will be reminded each year of their commitment, and will enjoy donor benefits based on their pledge amount.*

## Pledge Information

I/We are pleased to make an annual gift of \$ \_\_\_\_\_ a year over (circle one) **3, 4, 5**, years in support of SafeSpace's Lilac Circle Pledge Program.

I will fulfill this pledge with a one-time payment on \_\_\_\_\_ (date)

I will fulfill this pledge through  annual  semi-annual  quarterly  monthly payments of \$ \_\_\_\_\_ beginning on (date) \_\_\_\_\_.

Other (please specify) \_\_\_\_\_

My Gift Is To Be Used For:  General Operating  Programs/Outreach  Special Event \_\_\_\_\_

Does your employer match donations? Yes \_\_\_ No \_\_\_

*Please submit a signed Matching Donation Form from your employer, if applicable.*

## Donor Information

Please recognize my gift as follows:

\_\_\_\_\_  I wish to remain anonymous.

**Donor Privacy:** SafeSpace, Inc. will not share or sell a donor's personal information with anyone else, nor send donor mailings on behalf of other organizations.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Method of Payment

Check enclosed \_\_\_\_\_ Gift of Stock \_\_\_\_\_ Bill Credit Card \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

*Please make checks payable to SafeSpace. Securities of Stock: Please contact the Development Department at (772) 223-2399 or [info@safespacefl.org](mailto:info@safespacefl.org) for more information.*

*I authorize SafeSpace to charge my credit card as indicated above. \_\_\_\_\_ (Initial)*

## Confirmation

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, you are committing to SafeSpace's Lilac Circle Pledge program and will make the contributions outlined in the schedule above.*