

We Ask for Your Support



THE STRENGTH *of* WOMEN
THE POWER *of* COMMUNITY

Pledge Information for The Junior League of Austin Donors

Contact Information

Contact Name _____

Address _____

City _____ State _____ Zip _____

Preferred Email _____

Preferred Phone _____ Preferred Fax _____

Please print exactly how you wish your name, company name or foundation name to appear in donor recognition materials:

YES! We want to help support the strength of women and the power of community in Austin!

Please accept our annual gift of:

- | | |
|---|---|
| <input type="radio"/> \$35,000 Presenting Sponsor | <input type="radio"/> \$2,500 Contributor |
| <input type="radio"/> \$20,000 Title Sponsor | <input type="radio"/> \$1,000 Supporter |
| <input type="radio"/> \$15,000 Major Sponsor | <input type="radio"/> \$500 Friend |
| <input type="radio"/> \$10,000 Lead Sponsor | <input type="radio"/> \$250 Donor |
| <input type="radio"/> \$5,000 Patron Sponsor | <input type="radio"/> Other _____ |

We would like our annual gift to support:

- | | |
|----------|---|
| \$ _____ | <input type="radio"/> Unrestricted Gift |
| \$ _____ | <input type="radio"/> <i>A Christmas Affair</i> |
| \$ _____ | <input type="radio"/> Coats for Kids |
| \$ _____ | <input type="radio"/> FIT (Food In Tummies) |
| \$ _____ | <input type="radio"/> Con Mi MADRE |
| \$ _____ | <input type="radio"/> Endowment |

Payment Options

You may make your gift by visiting our website at www.jlaustin.org or completing this form and returning it with your gift or payment preference to The Junior League of Austin, 5416 Parkcrest Drive, Suite 100, Austin, TX 78731. The form may also be faxed to 512-454-7518. Please contact The Junior League of Austin's Donor Development and Stewardship Chair at 512-467-8982 x297 or via email at ddschair@jlaustin.org with questions.

Check or money order enclosed (*payable to The Junior League of Austin*).

Please invoice me upon receipt of this gift agreement

Please charge my full gift to a credit card

Visa MasterCard American Express Discover

Card Number _____ Exp Date _____ Security Code _____

Name on Card _____

Signature _____ Date _____

Corporate Matching

My company matches employee contributions. Please contact _____ at _____ for information on employee matching.

Our company has a corporate foundation. Please review our foundation website at _____ to determine eligibility for an additional gift.

You are welcome to donate now at www.jlaustin.org

Thank You!