



ASCENTRIA GIVING SOCIETY CONTRIBUTION FORM

The **Ascentria Giving Society** is an annual leadership giving program designed to ensure the individuals and families we serve have the resources and tools they need to move forward in their lives.

I/We would like to join or increase my/our Ascentria Giving Society membership at the following level (minimum \$1,000):

- Benefactors (\$10,000 and above) Catalysts (\$2,500 - \$4,999)
 Champions (\$5,000 - \$9,999) Innovators (\$1,000 - \$2,499)

Ascentria Giving Society Gift Amount: \$ _____

Ascentria Giving Society Contribution

- I would like to pay my gift in full.
 I would like to make a partial payment of
\$ _____ now and the balance of
\$ _____ as follows*:

Signature required for all gifts not paid in full. _____ Date

Type of Payment: Enclosed/attached is my:

- check matching gift form
 notification of stock transfer to take place on:

Date

- credit card (Visa, MasterCard, American Express, Discover)

*All payments are due in full no later than June 30 (fiscal year end).
Corporate Match Gifts received by June 30 will apply toward Ascentria Giving Society Membership.

Credit Card Information

Card Number _____ Exp. Date _____ CVV number _____

Name of Card Holder _____

Street Address of Card Holder _____

Card Holder City, State and Zip code _____

Please charge my card automatically on these dates for the following amounts:

\$ _____	on	___/___/___
\$ _____	on	___/___/___
\$ _____	on	___/___/___
\$ _____	on	___/___/___
\$ _____	on	___/___/___

Signature (required) _____ Date

With my signature, I authorize Ascentria to charge my card automatically to satisfy the above payment terms.

Name of Donor(s) (Unless you have indicated your wish to remain Anonymous you will be recognized in communication pieces as your name appears above.)

Donor Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Please return this form to:

Development Department, Ascentria Care Alliance, 14 East Worcester Street, Suite 300, Worcester, MA 01604

For more information, please call **774.243.3910** or email us at **Development@ascentria.org**

Membership is on a fiscal year basis. All gifts to the Ascentria Giving Society are unrestricted. Up to 10% of all gifts may be designated to offset the cost of raising and administering those gifts. Donations are tax deductible as allowed by law.