



1. CONTACT INFORMATION

Please list contact information below and check the box next to your preferred communication method.

Name, Business Name, Address, City, State, Zip, Phone, Email

2. PLEDGE AMOUNT

Total amount I / we wish to Gift: \$

To be paid: As a one time gift, Over 3 years, Over 5 years, Other

3. GIFT PAYMENT TERMS

Payments will be made: Annually, Semi-Annually, Quarterly, Monthly
Payments will begin in the year: 2009, 2010 In the month of (circle one): JAN, APR, JUL, OCT, DEC

4. GIFT PAYMENT OPTIONS

I / We will be paying by check, credit card, Visa, MasterCard, I / We wish to make a gift of stock, real estate or other than cash or credit.

5. A NAMING OPPORTUNITY

Highlands Foundation and the Highlands Health System are offering a unique opportunity! You, your family, or your corporation may purchase the naming right for the Center for Autism.

6. PUBLIC ACKNOWLEDGMENT

For acknowledgment and listing of my / our name as a contributor (without using amounts) to the Highlands Foundations Funding Project, please show as indicated below: Please limit to 45 characters including spaces.

For gifts over \$500 - Please include the additional recognition below: Please limit to 45 characters including spaces. In Memory of, In Honor of, I / We wish to remain anonymous.

7. Please make checks payable to "Highlands Foundation."

8. SIGNATURE Date

*Signature is required. Without signature, Highlands Foundation, Inc., will be unable to process your donation.

FILLING OUT YOUR PLEDGE CARD

Do we have your name and address correct?

Designate your total gift here.

Choose when your payments will begin.

If paying by credit card, make sure to sign in section 8.


Check box if you would like to be contacted.

Your gift can be permanently recognized as you wish.

Print clearly how you would like to be recognized.

You may choose to remain an anonymous donor.

Do not forget to sign and date your pledge card. Without signature, Highlands Foundation, Inc., will be unable to process your donation.



**HIGHLANDS
FOUNDATION**

IN SUPPORT OF THE "CHANGING LIVES"
FUNDING PROJECT FOR THE HIGHLANDS
CENTER FOR AUTISM, I/WE WISH TO CONTRIBUTE
AS INDICATED BELOW:

1. CONTACT INFORMATION
Please list contact information below and check the box next to your preferred communication method.

Name _____ Phone (____) _____

Business Name _____ Email _____

Address _____

City _____ State _____ Zip _____

2. PLEDGE AMOUNT
Total amount I / we wish to Gift: \$ _____

To be paid: As a one time gift Over 3 years Over 5 years Other _____

3. GIFT PAYMENT TERMS
Payments will be made: Annually Semi-Annually Quarterly Monthly
Payments will begin in the year: 2009 2010 In the month of (circle one): JAN APR JUL OCT DEC

Please find enclosed an initial gift payment. Make checks payable to "Highlands Foundation."
 Please **do not send** billing reminders unless I / we fall behind in gift payments.

4. GIFT PAYMENT OPTIONS

I / We will be paying by **check**. Please bill me as indicated in the Payment Terms section.
 I / We will be paying by **credit card**. Please charge my card as indicated in the Payment Terms section.*
 Visa MasterCard Account Number: _____ Exp _____ Initials _____
 I / We wish to make a gift of stock, real estate or other than cash or credit. (You will be contacted for additional information.)

5. A NAMING OPPORTUNITY
Highlands Foundation and the Highlands Health System are offering a unique opportunity!
You, your family, or your corporation may purchase the naming right for the Center for Autism. This option is available for \$1,000,000, to be used as a permanent scholarship endowment for the Center for Autism. If you would like to discuss this opportunity, please call Kathy Rubado, (606) 889-6271.

6. PUBLIC ACKNOWLEDGMENT
For acknowledgment and listing of my / our name as a contributor (without using amounts) to the Highlands Foundations Funding Project, please show as indicated below: **Please limit to 45 characters including spaces.**

For gifts over \$500 – Please include the additional recognition below: **Please limit to 45 characters including spaces.**

In Memory of In Honor of _____

I / We wish to remain **anonymous**. Please **do not** publish my name as a contributor to the Highlands Foundation Funding Project.

7. Please make checks payable to "Highlands Foundation."

8. SIGNATURE _____ Date _____

*Signature is required. Without signature, Highlands Foundation, Inc., will be unable to process your donation.

YOUR VOLUNTEER REPRESENTATIVE HAS BEEN ASKED TO NOT LEAVE THE PLEDGE CARD. OUR VOLUNTEERS ARE RESPONSIBLE TO RETURN IT TO THE FOUNDATION OFFICE.

Highlands Foundation has not transferred any goods or services in exchange for this gift. Therefore, the full amount stated may be treated as a deductible contribution in the year given for federal income tax purposes.

Make checks payable to "Highlands Foundation."