



**National Council of Negro Women, Inc. (NCNW)  
Mid-Atlantic Bethune-Height Recognition Program**

**2023 Individual Pledge Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Section \_\_\_\_\_

I will make a personal commitment to the 49<sup>th</sup> Mid-Atlantic Bethune-Height Recognition Program by becoming, check all that apply:

\_\_\_\_\_ **Bethune-Height Achiever (\$300) (Personal Donation, or Raffle Tickets)**

\_\_\_\_\_ **Life Member (\$500) \*National request you hold/make 1 payment**

\_\_\_\_\_ **Legacy Life Member (\$1000) \*National request you hold/make 1 payment**

\_\_\_\_\_ **Purchasing an Attendee Ticket (\$75)**

\_\_\_\_\_ **Selling \_\_\_\_\_ Luncheon Tickets**

\_\_\_\_\_ **Soliciting \_\_\_\_\_ Journal Ads**

\_\_\_\_\_ **Becoming a Patron/Supporter (\$20)**

\_\_\_\_\_ **Soliciting \_\_\_\_\_ Patrons/Supports**

\_\_\_\_\_ **I am requesting 30 Raffle Books for Achieving, \$10.00 per book.  
(Note: additional books are available if requested.)**

**Please complete and give a copy to your BHRP Team Captain. Thanks!!**

**Thank you for your support,  
Mid-Atlantic Bethune-Height Recognition Committee**

**NOTE: Life/Legacy Life payments: Please check with your section finance committee regarding accepting submission of your partial payments.**