



Louisville Zen Center

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Pledge Form

Please complete this form. Return it with your initial contribution and Membership Application to the Center.

Name _____ Date of Birth _____

Mailing Address _____

_____ Zip Code _____

Telephone (H) (____) _____ (W) (____) _____ (C)(____) _____

E-mail address _____ Date _____

Below are suggested contribution levels. You may pledge more or less according to what your financial circumstances reasonably permit. If joining the Center mid-year, please pro-rate your donation based on the number of months left in the year.

Basic Member - \$300 annually (\$75 quarterly; \$25 monthly)

Sustaining Member - \$600 annually (\$150 quarterly; \$50 monthly)

Benefactor Member - \$900 annually (\$225 quarterly; \$75 monthly)

Indicate the total amount of your pledge, enclose your initial contribution, and complete one of the boxes below to account for the remainder.

I pledge \$ _____ for the current calendar year.

I am enclosing the full amount of my pledge **OR**

I am enclosing half of my pledge and will contribute the remaining _____ (\$ amount) by _____ (date) **OR**

I am enclosing _____ (\$ amount) of my pledge and will contribute the remainder in quarterly installments of _____ (\$ amount) on or before the 5th of every quarter (January, April, July, and October) **OR**

I am enclosing _____ (\$ amount) of my pledge and will contribute the remainder in monthly installments of _____ (\$ amount) on or before the 5th of every month.

Signature _____ **Date** _____