



## Louisville Zen Center

P.O. Box 17532, Louisville, KY 40217-0532

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### Pledge Form

Please complete this form. Return it along 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 - \$240 annually (\$60 quarterly; \$20 monthly)

Sustaining Member - \$480 annually (\$120 quarterly; \$40 monthly)

Benefactor Member - \$960 annually (\$240 quarterly; \$80 monthly)

Show the total amount of your pledge, enclose your initial contribution, and check 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 5<sup>th</sup> 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 5<sup>th</sup> of every month.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_