



CIRCLE OF SUPPORT ANNUAL GIVING PROGRAM

INTERNAL USE ONLY #: _____

- GEN OR CC
- FILEMAKER
- 1st PAYMENT
- TAX ACK

SECTION A: BASIC INFORMATION

Name(s): _____

Name(s) to appear on all public recognition: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

SECTION B: AMOUNT OF GIFT

I/we agree to support The Sofia Annual Giving Program with:

OPTION A: TRADITIONAL Single Year Support (2018 Season) of:

- \$500
- \$1,000
- \$2,000
- \$5,000
- \$10,000
- Other (Minimum of \$100) _____

OPTION B: ENCORE! 3 Year Support (2018, 2019, 2020 Seasons) of:

Deadline to Enroll as an Encore Member—December 31, 2017

- \$1,500 (\$500 a year for 3 years)
- \$3,000 (\$1,000 a year for 3 years)
- \$6,000 (\$2,000 a year for 3 years)
- \$15,000 (\$5,000 a year for 3 years)
- \$30,000 (\$10,000 a year for 3 years)
- Other: \$ _____ a year for 3 years* (*Minimum \$500 a year*)

SECTION C: PAYMENT METHOD

Please select ONE method/schedule of payment for your gift below.

Gift of \$ _____ to be paid today in one payment by:

- Credit Card
- Direct Deposit (please provide a voided check)
- Check
- Other (please specify): _____

Pledge of \$ _____ to be paid in single payment on a future date _____ (MM/DD/YY) by:

- Credit Card
- Direct Deposit (please provide a voided check)
- Check
- Other (please specify): _____

Pledge of \$ _____ to be paid in multiple payments in future by:

- Credit Card
- Direct Deposit (please provide a voided check)
- Check
- Other (please specify): _____

I/we will pay this pledge according to the schedule below:

- Monthly Amount: \$ _____ Starting: _____
- Quarterly Amount: \$ _____ Starting: _____
- Annually Amount: \$ _____ Starting: _____

SECTION D: CREDIT CARD/STOCK INFORMATION (IF APPLICABLE)

If paying by credit card, please complete section below:

Card type (please circle one): Visa MC AmEx

Card number: _____ Exp. Date: _____ CVV Code: _____

Signature: _____ Today's Date: _____

If paying by stock transfer:

Stock Name: _____ # of Shares (if known): _____

SECTION E: BENEFITS

I choose to opt out of all benefits with a financial value (including subscriptions, comp tickets, invitations)

SECTION F: MANDATORY SIGNATURE

Signature: _____ Today's Date: _____