



# AVANCE-Austin Legacy Giving Circle

Unlocking America's potential by strengthening families in at-risk communities through effective parent education and support programs.

## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

## Pledge Information

I (we) are committed to the future of AVANCE-Austin's mission and select the following Legacy Giving Circle Level:

- Visionaries (\$25,000 or more each year for the next three years)
- Catalyst (\$10,000 each year for the next three years)
- Champions for Children (\$5,000 year for the next three years)
- Pathfinders (\$2,500 each year for the next three years)
- Building Blocks (\$1,200 each year for the next three years)

I (we) prefer to make our gifts:

- Monthly beginning (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Quarterly beginning (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Yearly beginning (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

I (we) plan to make this contribution in the form of:  cash  check  credit card  other.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Please make checks, corporate matches, or other gifts payable to:

AVANCE-Austin Legacy Giving Circle  
4900 Gonzales St.  
Austin, TX 78702