



GIVING SOCIETIES

I would like to pledge my support to Emerge and will contribute \$ _____ per year for three years. With this annual pledge, I look forward to joining the following Giving Society:

- Visionaries Gifts of \$20,000 or more
- Monarch Circle \$10,000 to \$19,999 Champions of Change \$2,500 to \$4,999
- Wings of Hope \$5,000 to \$9,999 1960 Giving Circle \$1,000 to \$2,499

I would like to direct my gift to: The Emerge Foundation (area of greatest need)

The Emerge Center The Emerge School for Autism

Personal Information

Name: _____
(as you wish to be acknowledged)

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

- I would like my gift to be anonymous.
- I'd like to increase the impact of my support with a matching gift of \$ _____ from _____.
(my employer/organization name)

Payment Information

- Please find my check made payable to "The Emerge Foundation" enclosed.
 - I would like to pay via credit card. Please keep this card on file for future annual charges.
- Card Number: _____ Expiration Date: _____ Security Code: _____
- Name on Card: _____
- Billing Address (if different from above): _____
- City, State, Zip: _____

For more information, please contact Julie Chappell, Annual Giving Manager: jchappell@emergela.org or 225-663-6914.

The Emerge Foundation provides philanthropic support to The Emerge Center and The Emerge School for Autism and is a tax-exempt charitable organization. All contributions are tax deductible as allowed by law. Tax ID 45-5434705.