



FAIRCHILD SOCIETY CONTRIBUTION FORM

Humanitarian Foundation Grottoes of North America



Date: _____

Enclosed is the total contribution \$ _____
or Credit Card listed below.

I wish to Pledge:

\$250 _____ \$500 _____ \$1,000 _____ \$2,500 _____ \$5,000 _____ \$10,000 _____ \$15,000 _____ \$20,000 _____ \$25,000 _____

Name Address

City State Zip Grotto to Credit

FAIRCHILD SOCIETY CONTRIBUTION/ PLEDGE

_____ Monarch Circle (\$250.00) \$ _____ contribution _____ pledge*

_____ Grand Monarch Circle (\$500.00) \$ _____ contribution _____ pledge*

_____ Fairchild Silver Level (\$1,000.00) \$ _____ contribution _____ pledge*

_____ Fairchild Emerald Level (\$2,500.00) \$ _____ contribution _____ pledge*

_____ Fairchild Gold Level (\$5,000.00) \$ _____ contribution _____ pledge*

_____ Fairchild Platinum Level (\$10,000.00) \$ _____ contribution _____ pledge*

_____ Fairchild Sapphire Level (\$15,000.00) \$ _____ contribution _____ pledge*

_____ Fairchild Amber Level (\$20,000.00) \$ _____ contribution _____ pledge*

_____ Fairchild Ruby Level (\$25,000.00) \$ _____ contribution _____ pledge*

Is Person making contribution _____ Member _____ Non-Member

Special Wording on Certificate _____

Please list the contribution level you would like to make or upgrade. If you would like to set up an auto-pay monthly, quarterly, semi-annual or yearly, please specify when and the amount:

Monthly _____ Quarterly _____ Semi-Annual _____ Yearly _____ Amount: _____

** Once final payment of the current level is received, the amount will be rolled to the next level.

Credit Card Payment Information:

_____ Visa _____ MC _____ AmEx _____ Disc _____ CC#: _____

Expiration: _____ / _____ CVS# _____ Print Name: _____

Signature: _____

Make checks payable to **Humanitarian Foundation** and mail with contribution form to:
Humanitarian Foundation 430 Beecher Rd Gahanna, OH 43230 (614-933-0711)