



# 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 or Upgrade:**

\$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 (\$1000.00)     | \$ _____ contribution ___ pledge * |
| ___ Fairchild Emerald Level (\$2500.00)    | \$ _____ contribution ___ pledge * |
| ___ Fairchild Gold Level (\$5000.00)       | \$ _____ 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 Jubilee Level (\$25,000.00)  | \$ _____ contribution ___ pledge * |

Is Person making contribution: \_\_\_ Member \_\_\_ Non-member

Special wording on the certificate: \_\_\_\_\_

\* Please list the contribution level you would like to make/upgrade. If you want to make pledge payments, please state how you want the payments to be made: **Check** \_\_\_ **Credit Card** \_\_\_ **monthly, quarterly, semi-annual, yearly** and the amount that you would like to make at stated interval: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
any special instructions: \_\_\_\_\_

**\*\* 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: \_\_\_ / \_\_\_

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)