

## PLEDGE FORM: RENOVATING THE LYON PARK COMMUNITY HOUSE

Please Mail Pledge Form and Payment Information to: Lyon Park Community Center P.O. Box 100191 Arlington VA 22201

I Hereby Pledge \$\_\_\_\_\_ to Renovate the Lyon Park Community House.

DONOR LEVELS – We wish to publically recognize major donors who provide a total of \$1,800 or more to this project between Sept 2008 and August 2013. Recognition will be made at four donor levels:

- \$50,000 – sponsor a room (separate arrangements will be made)
- \$12,000 – gold sponsorship - \$333 a month for 36 months
- \$6,000 – silver sponsorship - \$167 a month for 36 months
- \$1,800 – bronze sponsorship - \$50 a month for 36 months

- I/my family would like to be acknowledged as follows (30 characters or less) \_\_\_\_\_
- I/we would like to be listed anonymously.

PAYMENT SCHEDULE - I will make my payments according to the following schedule (all funds must be received by August 2013)

- In one payment, given in full by \_\_\_\_\_ (date)
- In multiple payments of \$\_\_\_\_\_ per \_\_\_\_\_ (month or year) starting \_\_\_\_\_. For monthly ACH, please debit account this day \_\_\_\_\_

PAYMENT METHOD - I will make payments according to the following method:

- Personal Check - Payable to Lyon Park Community Center
- Automated Clearing House (ACH) – Please provide a voided check.
- Credit Card/PayPal - please complete this pledge form and then go to [www.lyonpark.info/donations.html](http://www.lyonpark.info/donations.html) to complete donation
- My company makes matching gifts - I have enclosed the relevant forms.
- I wish to donate equities; please contact me to coordinate details

CONDITIONS OF GIFT:

By signing below, I authorize the Lyon Park Community Center (LPCC), a 501(c)3 corporation to initiate debit entries to my checking account, if that payment method was selected, according to LPCC policies and procedures. I understand the LPCC plans to execute the plan as approved by the Community but has discretion to alter the design as needed to meet fiscal restraints and future requirements. No goods or services are to be provided in return for this gift.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City State Zip: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!!**

*The LPCC is recognized by the IRS as a 501(c)3 non-profit organization, so your donation is tax deductible. Tax ID is 65-1317810  
The LPCC will mail a receipt to the address listed above at the end of any year(s) in which you make a donation*