



CLAREMONT
COMMUNITY
FOUNDATION

FOUNDATION SPONSORS PROGRAM

Name _____ Date _____

Address _____

Phone _____ Email _____

This year, I plan to participate in the Foundation Sponsors program or the Business Partnership program at the following level \$_____.

- Foundation Blocks \$50/month (\$600/year)
- Foundation Bricks \$100/month (\$1,200/year)
- Foundation Pillars \$200/month (\$2,400/year)
- Foundation Arches \$400/month (\$4,800/year)
- Foundation Architects \$1,000/month (\$12,000/year)

Alternatively, this year, I plan to support the Foundation with a total gift of \$ _____

I plan to honor this commitment with:

automatic charge to my VISA/MC as follows:

Frequency: one time monthly quarterly

_____ exp date: _____ security code _____

PLEASE DO NOT E-MAIL YOUR C.C. #. You may call it in to the office, mail this pledge form, or enter this donation via our secure server on the website --

www.claremontfoundation.org.

the enclosed check in the amount of _____ a single payment on or before (date) _____

quarterly payments of _____ monthly payments of _____

other (specify): _____

I would like this gift acknowledged as (*check only one*):

an individual/family donation (with spouse's name: _____ yes no)

a business contribution (name of business _____)