

Voices Against Violence Membership Form

PLEDGE

I would like to become a member of the Voices Against Violence Society:

- _____ *Voice of Hope:* \$1,000 per year for 5 years
 _____ *Voice of Courage:* \$5,000 per year for 5 years
 _____ *Voice of Peace:* \$10,000 per year for 5 years
 _____ *Voice of Freedom:* \$20,000 endowment or more

I would like to contribute in other ways:

- _____ Contribute \$_____ for _____ years.
 _____ Please contact me. I have other thoughts to share.

For those who pledged last year:

- _____ Please use this increased pledge in lieu of the one made last year.
 _____ The term and amount of my pledge is unchanged from last year.

Payment:

- _____ My check is enclosed, made payable to Family Violence Prevention Center
 _____ Please charge my Visa/MC # _____ Exp. _____
 _____ Please contact me about paying my pledge with stock.
 _____ My company will match my gift.

Date _____
 Name _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone (_____) _____ Evening Phone (_____) _____
 E-mail Address _____