

GIVING CIRCLES *Partner* COMMITMENT FORM

Organization Name: *(used for recognition purposes)* _____

Main Contact & Title: _____

Full Address: _____

Direct Phone Number: _____ Main Office Phone: _____

Work Email: _____ Website: _____

Giving Circle Level:

- HUG CIRCLE: \$1,000 HEALTH CIRCLE: \$7,500 HERO CIRCLE: \$25,000
 HOPE CIRCLE: \$2,500 HONOR CIRCLE: \$10,000 HAPPINESS CIRCLE: \$35,000
 HARMONY CIRCLE: \$5,000 HEALING CIRCLE: \$15,000 OTHER: \$ _____

Notes: _____ *thank you!*

We are fulfilling the entire commitment at this time Please send us an invoice on: _____
Date

We will pay the commitment on or before: _____
Date

Signature: _____ Date: _____

Payment Information:

- Our check is enclosed (*payable to "Carroll County Youth Service Bureau"*)
 We would like to make the payment via credit card. (*Visa, MC and Discover only*)
(Please complete below OR call Andie at 443-244-8139 OR use PayPal.)



Credit Card Number: _____ (Visa, MC & Disc only)

Expiration Date: _____ (month/year) Security Code: _____

Please email, fax or mail this completed form to:

Carroll County Youth Service Bureau, Attn: Development Office
59 Kate Wagner Road, Westminster, MD 21157
Email: Mdolan@ccysb.org — Fax: 410-876-3016



Thank you for helping us make our part of the world a better place.