WIERSZEWSKI FOUNDATION

MICHIGAN AUTISM & CANCER SUPPORT

Circle of Support

ANNUAL PLEDGE FORM

Your generosity brings hope and support to Michigan individuals and families.
Annual Circle of Support membership begins with a pledge of $1,000.

01 SUPPORTER INFORMATION

Individual / family / business name

Contact person

Phone

Email address

Mailing address

City

State

ZIP code

02 ANNUAL GIVING LEVEL - SELECT ONE

- ☐ Friends of the Foundation - $1,000+
- ☐ Partners in Hope - $2,000+
- ☐ Champions of Compassion - $5,000+
- ☐ Legacy Leaders - $10,000+
- ☐ Norbert's Circle - $20,000+

Total annual pledge ($)

Giving year

First payment date

03 PAYMENT SCHEDULE & RECOGNITION

- ☐ One payment
- ☐ Monthly
- ☐ Quarterly
- ☐ Other

Installment amount ($)

Schedule details / special instructions

- ☐ Public recognition
- ☐ I prefer to remain anonymous

Recognition name (if different):

I pledge the amount above. Please contact me to arrange payment; this form does not authorize a charge.

Signature / typed name: _____ Date: _____

Return to: Wierszewski Foundation | PO Box 670, Richmond, MI 48062
info@wierszewskifoundation.org | Phone: 248-997-7815 | Fax: 248-212-0700