



# Lifelong Learning Campus Pledge Form

Donor Name/s:	
Billing Address:	
City/State/Zip Code:	
Phone:	
Email:	Donation Amount:

### In Celebration / Memory of:

Name:  Please indicate if Memorial

### Founder's Community Giving Level

- \$1,000+ Photo of individual with Down syndrome (or family photo) digitally displayed with Family Name and family sentiment (quote) will be digitally displayed on full-screen display of donor recognition wall.
  - \$250+ Photo of individual with Down syndrome digitally displayed (along with Family Name) on donor recognition wall. One-quarter screen display.
  - \$500+ Photo of individual with Down syndrome digitally displayed (along with Family Name) and family sentiment (quote) will be digitally displayed on half-screen of donor recognition wall.
  - \$100+ Family name digitally displayed on donor recognition wall.
- PLEASE NOTE: your recognition will run for 1 (one) calendar year on our digital Recognition Wall as part of a looped series, located in our new lobby. Photos must be high resolution.*

### One-Time Payment

I am fulfilling my entire pledge at this time – in the amount of: \_\_\_\_\_

### Scheduled Pledge Payments

I will pay my pledge over 1, 2, or 3 years (please indicate # here): \_\_\_\_\_

Please invoice me (monthly, quarterly, annually, other); please indicate schedule: \_\_\_\_\_

Total Pledge Amount: \_\_\_\_\_ To Be Paid On or Before (Date): \_\_\_\_\_

### Payment Information

Check enclosed (payable to the Down Syndrome Guild)

Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Down Syndrome Guild of Greater Kansas City**  
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The Down Syndrome Guild is a Missouri 501(c)3 Non-Profit Corporation, Federal Tax ID 43-1427760. All donations all tax-deductible for the full amount, less the value of any goods and/or services received. For more information, please call (913) 384-4848.