



Gift & Pledge Form

I want to make a difference in the lives of people with disabilities by supporting Bobby Dodd Institute with a gift or pledge of:

- | | | | |
|--|-----------|--|-----------------------|
| <input type="checkbox"/> Up to \$99 | Friend | <input type="checkbox"/> \$1,000 - \$2,499 | Leadership Circle |
| <input type="checkbox"/> \$100 - \$249 | Sustainer | <input type="checkbox"/> \$2,500 - \$4,999 | Transformation Circle |
| <input type="checkbox"/> \$250 - \$499 | Advocate | <input type="checkbox"/> \$5,000 or more | Visionary Circle |
| <input type="checkbox"/> \$500 - \$999 | Partner | <input type="checkbox"/> \$ _____ (other) | |

Please designate my gift for: **General Support for BDI Mission** **Internships**
 Specialized Job Training **Job Placement** **Work Adjustment**

Donor Information:

Name(s): _____

**Please list name as it should appear in BDI publications*

I would like to be listed as "Anonymous"

Mailing Address: _____

Phone: _____ Email: _____

Gift Information:

My check is enclosed *or* I would like to make my gift by credit card:
 AmEx Discover MasterCard Visa

Amount: \$ _____ Card #: _____ Exp. Date: __ / __ / __

Signature: _____ Date: _____

I would like to become a member of Bobby Dodd Institute's *Empowerment Society* by making a monthly gift of \$ _____ on the __ day of each month, beginning on __ / __ / _____

I would like to fulfill my pledge on the following schedule: _____

My employer will match my gift. Name of Employer: _____

Please send me more information about: Volunteer Opportunities
 How to include BDI in my will or estate plan