The J. Cary Barton CONNECTION CENTER

Lifetime RECOVERY

Donor Gift & Pledge Form

This Center will provide a central hub where guests can gather information, ask questions, and connect with others in the recovery community.

I/we agree to make the following gift to Lifetime Recovery's ***J. Cary Barton Connection Center:***

Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Total Gift/Pledge Amount: $_____

Pledge will be paid: ◯ Annually ◯ Semi-Annually ◯ Quarterly ◯ Monthly

over the next ◯ 1 year ◯ 3 years Start Date: ____/____/_____

I would like to fulfill my pledge via:

◯ Transfer of Stock or Securities
◯ Automatic Bank Transfer (please attach voided check)
◯ Credit Card (VISA, MasterCard, Discover, American Express)
(A representative of Lifetime's development office will call you for further details.)

◯ To honor the entire pledge ◯ As the initial gift of my pledge schedule

I have enclosed a payment of $_____

◯ For recognition purposes, please record my/our name as follows: _____

◯ I/we prefer to remain anonymous.

Signature: _____ Date: _____

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