

# COMMUNITY CHAMPIONS CLUB

## RECURRING CIRCLE OF GIVING PLEDGE FORM

### Contact Information

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home/cell) \_\_\_\_\_ (daytime)

Email: \_\_\_\_\_ Company Name: \_\_\_\_\_

Acknowledgement name: \_\_\_\_\_ (how you would like this donation to be recognized)

### Please Choose How You Want to Invest in Your Community

**Contribute to Business Impact NW** Funds will be distributed equally between all technical assistance and lending programs. It will have the most impact in the greatest areas of need.

**Direct my donation SBA programs hosted by Business Impact NW**

Washington Women's Business Center

Veterans Business Outreach Center

### Donation Information

YES! I would like to join the \$1000 club, donating a minimum of \$1000 per year for at least three years. My commitment is \$ \_\_\_\_\_ per year.

Date of Today's Donation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Next Year's Donation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Third Year's Donation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand I will be contacted prior to each donation date with an invoice and reminder

### To be Paid as Follows

Cash  Check made payable to Business Impact NW

Credit Card (  I would like my donation to be broken into recurring  monthly or  quarterly installments of: \$ \_\_\_\_\_ )

Card Number \_\_\_\_\_ CCV \_\_\_\_\_ Exp. \_\_\_\_\_

Card Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

My employer will match my donation

### I pledge my support to Business Impact NW and its programs

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

Submit to: daniellem@businessimpactnw.org or mail to Business Impact NW ATTN: Danielle Moser, 1437 S Jackson St, Seattle WA 98144