



# SHARE THE COMMITMENT



## MRCA FOUNDATION PLEDGE PROGRAM

### PLEDGE LEVELS FOR GIFT AMOUNTS:

- |  |  |
|--|--|
| <input type="checkbox"/> Chairman—\$25,000, or \$5,000 annually for 5 years  | <input type="checkbox"/> Visionary—\$10,000, or \$2,000 annually for 5 years |
| <input type="checkbox"/> President—\$15,000, or \$3,000 annually for 5 years | <input type="checkbox"/> Benefactor—\$5000, or \$1,000 annually for 5 years  |
| <input type="checkbox"/> Friend of MRCA—Up to \$5,000                        |  |

This pledge commitment will be paid in equal installments over 5 years.

You will receive an acknowledgement letter within 30 days of the return of this form, which will verify the above terms and include the details of your pledge commitment and payment schedule.

### SPECIAL REQUESTS

- ☐ I/We would prefer that my/our gift remain anonymous.
- ☐ I/We give permission for my/our gift to be listed publicly.

### RECOGNITION

Please indicate how you would prefer you name to be listed for donor recognition purposes.

Donor Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

- ☐ I have enclosed a check made payable to the MRCA Foundation
- ☐ Please send me an invoice
- ☐ Please charge my credit card (check one below) in the amount of \$ \_\_\_\_\_

☐ American Express      ☐ Visa      ☐ MasterCard      ☐ Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Please return to:  
MRCA Foundation Campaign  
2077 Embury Park Road  
Dayton, Ohio 45414  
[mrca@assnsoffice.com](mailto:mrca@assnsoffice.com)