

2019 - 2020 ANNUAL CAMPAIGN DONOR COMMITMENT FORM



DONOR INFORMATION

Donor Recognition Name: _____

(as you want it to appear on all donor recognition)

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Affiliated Junior League of Tampa Member (if applicable): _____

SPONSOR LEVEL

YES! I would like to support The Junior League of Tampa's community projects and volunteer training programs. Please accept my sponsorship at the following level:

- Platinum — \$10,000
 Silver — \$5,000
 Patron — \$1,000
 Friend — \$250
 Gold — \$7,500
 Bronze — \$2,500
 Contributor — \$500
 Supporter — \$25-\$249

For additional information please contact AnnualCampaign@jltampa.org.

DONOR BENEFIT DETAILS	PLATINUM \$10,000	GOLD \$7,500	SILVER \$5,000	BRONZE \$2,500	PATRON \$1,000	CONTRIBUTOR \$500	FRIEND \$250	SUPPORTER \$25 - \$249
All Annual Giving Campaign donors at the Patron level and above will be invited to the Patrons' Party in Spring 2020	6		4	2	2			
Tickets to Holiday Gift Market Preview Party	4 VIP + 8 general	2 VIP + 6 general	2 VIP + 6 general	4	2	1	1	
General admission tickets to Holiday Gift Market	25	25	20	15	10	10		
Inclusion in the <i>Tampa Bay Times</i> thank you ad	✓	✓	✓					
Inclusion in Holiday Gift Market guide	✓	✓	✓					
Recognition in promotional materials and social media (Advertising based on sponsorship level)	✓	✓	✓	✓				
Recognition on Donor Board (at Holiday Gift Market)	✓	✓	✓	✓	✓			
Recognition in JLT Annual Profile	✓	✓	✓	✓	✓	✓	✓	
Recognition in <i>The Sandspur</i> quarterly magazine	✓	✓	✓	✓	✓	✓	✓	
Recognition on The Junior League of Tampa website	Logo	Logo	Logo	Name	Name	Name	Name	Name

PAYMENT OPTIONS

You may donate ONLINE @ www.jltampa.org –OR– Please select a payment option below and return this form to:
Melissa Knight Nodhturft, 2019-2020 President, The Junior League of Tampa, 87 Columbia Dr., Tampa, FL 33606. office@jltampa.org

*NOTE: To receive Holiday Gift Market benefits (as listed), all pledges must be received by October 15, 2019
For Contributors' Plan – initial payment must be made and Authorization form must be on file at JLT
For Company Match – member must submit documentation by November 1, 2019*

My CHECK is enclosed: \$ _____ Check # _____
(Payable to The Junior League of Tampa)

I would like to participate in the CONTRIBUTORS' PLAN – by making equal monthly payment through March 2020
(NOTE: Available for Gifts of \$250 or above only...please complete form below)

I would like to make a gift of APPRECIATED SECURITIES. Please send me wire transfer information.

Please check here to opt out of Social Media

COMPANY MATCH

I would like to utilize my or my spouse's company matching gift program towards my gift to The Junior League of Tampa. Benefits will be received upon receipt of written pledge. Member is responsible for cost of benefits received if match is never received by JLT.

My Gift: _____ Matching Gift: _____ Company Name: _____

The Junior League of Tampa is a 501 (c) 3 organization (Registration number CH-12009). All donations are tax deductible to the extent allowable by law. No portion of your gift was retained by a professional solicitor. The Junior League of Tampa will receive 100% of your contribution. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-HELP-FLA (435-7352) TOLL-FREE WITHIN THE STATE, OR VISITING THEIR WEBSITE AT WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

CONTRIBUTORS' PLAN: AUTHORIZATION FORM

I hereby pledge to The Junior League of Tampa (JLT) the TOTAL amount of \$ _____ to be paid to
The Junior League of Tampa in Monthly installments.

I understand I will receive an email notification when a payment is due and it is my responsibility to make such a payment at that time.
All payments must be received by March 31, 2020, or donor will be billed for any tickets received by making this pledge.

Name: _____

Bank Name: _____ Bank Routing Number: _____

Bank Account Number: _____

I agree to the terms and conditions listed above.

Signature: _____ Date: _____

ATTACH A VOIDED CHECK TO THIS FORM (FORM AND VOIDED CHECK MAY BE SCANNED AND EMAILED TO OFFICE@JLTAMPA.ORG)

-----OFFICE USE ONLY-----

Pledge entered: Staff _____ Date: _____

ACH initiated: Staff _____ Date: _____

Monthly payment \$ _____ Start date: _____ End date: _____