

# Membership Contribution Pledge Form

Please fill out and return this form by March 20<sup>th</sup> – whether you are renewing your membership or pledging for the first time. You may choose whatever payment schedule works with your budget, but it is extremely helpful to our planning to have the pledges in as early as possible. You may also make your pledge online at <http://www.cbevermont.org/membership-form>. Thanks in advance for your timely attention to your annual pledge.

Names of Adult Members:

\_\_\_\_\_

Names and ages of children living at home (include college students):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

## Membership Contribution:

Please select your membership category below, and circle or write in your pledge amount:

### Full Membership

	Recommended minimum	Break Even	Stretch Goal	Other amount
1-adult Household	\$500	\$650	\$1000	
2+-adult Household	\$900	\$1200	\$1800	

### New Full Membership

		Recommended minimum	Break Even	Stretch Goal	Other amount
1-adult Household	Year 1	\$250	\$325	\$500	
	Year 2	\$325	\$423	\$650	
	Year 3	\$450	\$585	\$900	
2+-adult Household	Year 1	\$450	\$600	\$900	
	Year 2	\$585	\$780	\$1170	
	Year3	\$810	\$1080	\$1620	

### Associate Membership

	Recommended minimum	Break Even	Stretch Goal	Other amount
1-adult Household	\$200	\$350	\$400+	
2+-adult Household	\$350	\$500	\$700+	

Please indicate below how you would like to pay:

Check	Credit Card - Number:
	Expiration Date: _____ Signature _____
	Cardholder's Signature:
Full Payment Enclosed	Charge full amount to my credit card today
Equal monthly payments of _____ on the _____ day of each month	
Other Schedule:	