

**Annual Giving 2006-2007
for
ST. PETERSBURG FREE CLINIC**

My/our desired level for Annual Giving for St. Petersburg Free Clinic is:

- | | |
|--|---|
| <input type="checkbox"/> Friends \$25 - \$99 | <input type="checkbox"/> Facilitators \$1000 - \$4999 |
| <input type="checkbox"/> Advocates \$100 - \$499 | <input type="checkbox"/> Supporters \$5000 - \$7499 |
| <input type="checkbox"/> Boosters \$500 - \$999 | <input type="checkbox"/> Associates \$7500 - \$9999 |

**I/we accept with pleasure your invitation to become a member of
THE CHAIRPERSON'S SOCIETY of St. Petersburg Free Clinic**

- The Chairperson's Society Member (Individuals or corporations making an annual unrestricted gift of \$10,000 to \$24,999)
- The Chairperson's Society Life Member (Individuals or corporations making an annual unrestricted gift of \$25,000 or more)
*If desired, Life Member pledges may be paid in 4 equal installments during the fiscal year, ending September 30th.
*Life member receives a table for 10 to a signature event the year the gift is given and a permanent listing on the Chairperson's Society Life Member Plaque.

Gift Enclosed \$ _____
Gift Pledged \$ _____

Make checks payable to St. Petersburg Free Clinic.

Gift charged on credit card: Visa MasterCard

Card Number _____
Expiration Date _____ 3 Digit Security Code _____
Name as it appears on card _____
Signature if using a credit card _____

Name as you wish it to appear in publications (or on the plaque for Chairperson's Society Life Member, if applicable)

Corporation (if applicable) _____
Contact _____
Address _____
City/ State/ Zip _____
Telephone _____
E-mail _____

- I/we wish to commit to ____ additional year(s) at this level.
- I/we wish to make monthly payments on my pledge of \$500 or more at \$_____ per month.
- I/we prefer to remain anonymous.
- My company will match my gift. The matching gift form is enclosed.
Company Name: _____
- I/we would like to know more about making a gift of stock or property.
- I/we would like to know more about bequests and life income gifts.
- I/we wish to direct this gift to the Sister Margaret Freeman Endowment Foundation (Perpetuity).
- I/we wish to direct this gift to the Sister Margaret Freeman Heritage Circle (Estate Giving).

- I/we would like to know more about volunteer opportunities.

Acknowledgements

- This gift is in honor of: _____
- This gift is in memory of: _____

Please send acknowledgement to:
Name _____
Address _____
City/State/Zip _____

THANK YOU FOR YOUR CONSIDERATION AND HELP BY COMPLETING
THIS FORM AND MAILING THIS ENVELOPE TO US.
EVERY GIFT IS IMPORTANT AND VALUED.

**St. Petersburg Free Clinic
Development Office
863 3rd Avenue N.
St. Petersburg, FL 33701
(727) 821-1200, X 110 VOICE
(727) 821-9263 FAX
jhkspfc@yahoo.com**