



**FAMILY SCHOLAR**  
H O U S E

# Pledge Card

*Family Scholar House is a non-profit organization ending the cycle of poverty and transforming our community by empowering families and youth to succeed in education and achieve life-long self-sufficiency.*

**Please fill out this form and return to:**

Family Scholar House, 403 Reg Smith Circle, Louisville,  
KY 40208 or fax: 502.584.8091

Your Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (home) \_\_\_\_\_

Company (optional) \_\_\_\_\_

Does your employer have a Matching Gift Program:  Yes  No

**I want to help Family Scholar House and invest in the success of their students at the following level of support:**

- Friend (up to \$999)                       Classmate (\$1,000 - \$2,499)                       Graduate (\$2,500 - \$4,999)  
 Mentor (\$5,000 - \$9,999)                       Honor Society (\$10,000 - \$24,999)                       Dean's List (\$25,000 - \$49,999)  
 President's Circle (\$50,000 - \$99,999)                       Trustees Realm (\$100,000+)

Amount Pledged \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

I would like my pledge to be paid over:  1 year  2 years  3 years

Please bill me  quarterly  semi-annually  annually beginning on \_\_\_\_\_.

**Please charge my credit card in the amount of \$ \_\_\_\_\_.**

Credit Card type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

**My check payable to Family Scholar House is enclosed.**

I request that my gift be designate in the following manner:

Annual Fund \$ \_\_\_\_\_ Riverport Scholar House Capital Campaign: \$ \_\_\_\_\_

Note: Unless otherwise designated, pledges will be used where most needed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list my name as follows: \_\_\_\_\_  I would like my gift to be anonymous.

My gift is made in memory of  \_\_\_\_\_ in honor of  \_\_\_\_\_:

Please send notification to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

*Thank you for your support.*