

**WAVERLY COMMUNITY HOUSE, INC.
ANNUAL SUSTAINING FUND DRIVE**

NAME: _____
(Name as you wish it to appear in public acknowledgement. Check below if you wish to remain anonymous. Thank you.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

We respect your privacy and will not share your contact information with third parties.

Giving levels are as follows:

____ Margaretta E. Belin Society—\$1,000 and above ____ Trustees' Circle—\$200-\$299
____ Founder's Club—\$500-\$999 ____ Patrons—\$100-\$199
____ President's Circle—\$300-\$499 ____ Friends—up to \$99

We are grateful for your generous support.

____ **Yes, I would like to donate \$_____ to the Sustaining Fund.**

____ My check for \$_____ is enclosed.

____ **Yes, I would like to pledge \$_____.**
Please bill me on _____, 20_____.

____ I do not wish to have my gift publicly acknowledged in the Comm's newsletter.

Please make checks payable to: Waverly Community House, Inc.

Contributions are tax deductible within the limits of the law. A copy of the official registration may be obtained by contacting the Bureau of Charitable Organizations, PA, 1-800-732-0999. Registration does not imply endorsement.

Bill my: VISA MasterCard
Amount: \$ _____
Card No.: _____
Expiration Date: _____
Signature: _____

Matching Gift: I have filed for a matching gift from my employer.

Securities Gift: To make a gift of securities, please call 570-586-8191, extension 3.

WAVERLY COMMUNITY HOUSE, INC.
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P O Box 142
Waverly PA 18471