

# LIFT YOUTH CENTER INC PLEDGE FORM



## STATEMENT OF INTENT

I am/ We are pleased to state my/our intention to make a pledge of \$  
to LIFT Youth Center Inc for the operation of the Claudia Nance Rollins Youth Center in Ringgold,  
Georgia.. This pledge will be paid over the course of:

3 years                      2 years                      1 year

## PLEDGE PAYMENT SCHEDULE

This pledge comes from *(please select)*:                      Foundation                      Corporate                      Business                      Individual

Please find a payment of \$    enclosed *(checks made payable to LIFT Youth Center)*

I/we prefer to make payments *(please select)*:                      Monthly                      Quarterly                      Semi-Annually                      Annually

Pledge payment each period: \$

Starting on: Month                      Year

This gift will be made in the form of:

Cash/Check *(we can set up a scheduled automatic draft thru your bank if you would like)*

Credit Card *(please use our online payment system: [www.LIFT-ringgold.org/donate](http://www.LIFT-ringgold.org/donate))*

In Kind Donation:

Securities (stock, property, life insurance, etc.):

*LIFT's attorney will be in contact to discuss the specifics of transferring your gift.*

Please use the following name for recognition purposes: *(or please keep anonymous)*

## WE ARE IN!

Organization *(if applicable)*:

Contact Name:

Title:

Email(s):

Office Phone:

Cell Phone:

Mailing Address:

\_\_\_\_\_  
*Donor Signature*

\_\_\_\_\_  
*Recipient Signature on behalf of LIFT*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

*LIFT Youth Center Inc is a nonprofit, tax-exempt 501(c)(3) organization EIN# 83-1676980  
Please remit to: 7197 Nashville St, Ringgold, GA 30736  
[info@LIFT-ringgold.org](mailto:info@LIFT-ringgold.org)*