



Tiffany Circle

Society of Women Leaders



Serving Cuyahoga, Geauga and Lake Counties

GIFT COMMITMENT FORM

Yes! I would like to join the Tiffany Circle!

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Gift given in honor of _____

Pledge Amount: \$10,000 (\$_____per _____) to be paid in full by _____

My gift will be matched by a corporation:

Company Name _____

Contact _____

Address _____

Phone () _____ Email _____

Check enclosed (payable to the American Red Cross, Greater Cleveland Chapter) for this amount: \$_____

Send me an invoice to the address above.

Please charge \$ _____ to the following credit card:

Visa Mastercard American Express Discover

Credit card # _____ Exp. Date _____

Securities and Stocks. For identification purposes, please complete the following:

Name of stock _____ # of Shares _____

Brokerage Firm _____

Broker Name _____ Phone () _____

Notes/Comments: _____

Signature _____

Pledge Date _____

Thank you for making an impact in our community!