



Florida Mentoring Legacy Society Pledge Form

Contact Information

Donor Name(s): _____

Organization (if applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Pledge Commitment

I/we pledge to contribute the following amount annually in support of the **Florida Mentoring Legacy Society** (minimum \$10,000):

\$10,000

\$15,000

\$25,000

Other Amount: \$ _____

Duration of Commitment:

One Year

Two Years

Three Years

Ongoing (until further notice)

Payment Information

Preferred Method of Payment:

Check (Payable to Florida Mentoring Network)

Credit/Debit Card

Bank Transfer / ACH

Other: _____

Please invoice me annually

First Payment Date (MM/DD/YYYY): _____

Recognition Preferences

Name(s) for recognition: _____

I/we prefer to remain anonymous

Legacy Society Benefits Include:

- Annual recognition at signature events
- Exclusive quarterly updates and private gatherings with leadership
- Personalized impact reports highlighting your support of youth mentoring

Authorization

By signing below, I/we affirm our commitment to join the **Legacy Society** and support its mission with the pledge outlined above.

Signature: _____ **Date:** _____

Signature (Joint Donor): _____ **Date:** _____

Submit Your Form

 Email: tom@floridamentoring.com

 Mail:

Florida Mentoring Network
700 S. Rosemary Square, Suite 204
West Palm Beach, FL 33401

Thank you for Investing in the future of mentoring and uplifting Palm Beach County's youth.