



Pride Giving Circle Enrollment Form

- YES!** I want to provide the consistent monthly support that is essential to the **Capital District Gay & Lesbian Community Council's (CDGLCC)** programs and services for the Lesbian, Gay, Bisexual and Transgender community in upstate New York. Please enroll me/us in the **Pride Giving Circle**.

As a **Pride Giving Circle** member, you will receive:

- Discounts to select CDGLCC events
- Your name listed in the CommUNITY newspaper and recognition in the Annual Awards Dinner commemorative journal
- Lunch with a Board member and Executive Director
- 2 tickets to Capital Pride events
- The President's Year-end Update Letter
- Exclusive invitation to Annual Recognition Event

I/we pledge to make a monthly gift in the amount of:

___\$20 ___\$35 ___\$50 ___\$100* ___ Other: \$_____

Donors contributing \$100 a month or more will join **Partners in Pride and receive special recognition.*

I am unable to join the **Pride Giving Circle** right now, but enclosed is my gift of \$_____.

A. Easiest and greenest option – Credit/Debit Card

Please charge \$_____/month to my credit card.

Cardholder Name: _____
Credit card ___ Visa ___ MC
credit card #: _____
expiration date: _____

Charges will be processed the first Wednesday of each month.

B. Easier Option – Check

Enclosed is my/our first monthly check of \$_____/month.

Please complete the following information:

Name(s) _____
Address _____
City, State, ZIP _____
Phone _____ e-mail _____

Please mail or fax this enrollment form to:
Capital District Gay & Lesbian Community Council
PO Box 131
Albany, NY 12201
Fax: 518-462-2101

If you have any questions, please call the CDGLCC office at 518-462-6138.