



Pride Giving Circle
Enrollment Form

YES! I want to provide the consistent monthly support that is essential to the **Pride Center of the Capital Region** 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 Pride Center 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: _____
CV Number _____

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:

Pride Center of the Capital Region
332 Hudson Ave.
Albany, NY 12201
Fax: 518-462-2101

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