



Please fill out the pledge form below, and return it to Happendence.

ONE-TIME GIFT: \$ \_\_\_\_\_

\_\_\_\_\_ My employer ( \_\_\_\_\_ ) will match my gift of \$ \_\_\_\_\_

**Pledge A DESIGNATED AMOUNT OVER TIME**

- \_\_\_\_\_ \$50 per year for 5 years
- \_\_\_\_\_ \$100 per year for 5 years
- \_\_\_\_\_ \$500 per year for 5 years
- \_\_\_\_\_ \$1,000 per year for 5 years
- \_\_\_\_\_ \$5,000 per year for 5 years
- \_\_\_\_\_ Other Amount \$ \_\_\_\_\_ per year for \_\_\_\_\_ years for a total gift of \$ \_\_\_\_\_

**OTHER OPTIONS**

- \_\_\_\_\_ I would like to do more. Yes, add \_\_\_\_\_ more years to my previous multi-year pledge.
- \_\_\_\_\_ I would like to increase my financial commitment by another \$ \_\_\_\_\_ per year for \_\_\_\_\_ more years.
- \_\_\_\_\_ I would like to speak to someone about my existing pledge or a new pledge.

**Please consider a gift to one of Happendence’s funding opportunities.**

**Scholarship Fund:** Our goal is to provide 25 new scholarships per year to underprivileged children.  
 \_\_\_\_\_ Tuition Scholarships \$1,500  
 \_\_\_\_\_ Tuition Scholarships (Other Amt.) \$ \_\_\_\_\_  
 \_\_\_\_\_ Name a Scholarship in honor of yourself or someone special/Memorial Gift in the amount of \$ \_\_\_\_\_

**Corporate Underwriters: Underwrite a Concert or Special Performance**

\_\_\_\_\_ I would like to hear more about this opportunity.

- Corporate Sponsors Package (\$1,000+)**
- Sponsorship Recognition
  - Full-page Ad in all HD event programs
  - 100 HD event tickets to distribute to employees

**Donor Information Form:** Please complete and return to Happendence.

\_\_\_\_\_  
 Name of Individual and/or Business/Organization (as you would like to be recognized in Happendence materials)

\_\_\_\_\_  
 Contact Person (Business/Organization)

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Phone Number Cell Phone Number Email Address

\_\_\_\_\_  
 Signature Date

**Payment Preference: (select one)**

\_\_\_\_\_ I would like to pay via credit card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex

\_\_\_\_\_  
 Card Number Name on Card Expiration Date

\_\_\_\_\_ Please accept my personal check made payable to Happendence, Inc.

\_\_\_\_\_ Please contact me. I would like to pay via stock or other assets.

**Donate Today!**

**Online:** Visit our website at [www.happendence.org](http://www.happendence.org) and click on “DONATE NOW”

**By Mail:** Fill out Pledge Form. Return with your payment and mail to:

**Happendence, Inc.**  
 3448 Hagadorn Rd., Suite C  
 Okemos, MI 48864