

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail: _____ Chapter _____

I am pleased to support SCORE with my enclosed gift to Annual Giving of \$ _____
 I pledge \$ _____ to be paid as follows by September 30th.

My gift will be matched by _____
 MasterCard Visa Amex Discover Card # _____
 Exp. Date ____/____/____ Signature _____

Please make all checks payable to The SCORE Foundation. For corporate matching gifts, please forward the company's form with your contribution.

Single Year-Annual Fund Pledge/Gift Commitment:

Leadership	Over	\$25,000	_____
Patron	\$10,000 to	\$24,999	_____
Benefactor	\$5,000 to	\$ 9,999	_____
Champion	\$2,500 to	\$ 4,999	_____
Pacesetter	\$1,000 to	\$ 2,499	_____
Sponsor	\$500 to	\$ 999	_____
Supporter	\$250 to	\$ 499	_____
Friend	\$249 and below		_____

I have included The SCORE Foundation in my will or estate plans.
 Please send me information on including The SCORE Foundation in my will or estate plans.

Please direct my donation in the following area:

_____ wherever the need is greatest
 _____ to support SCORE Chapter # _____
 _____ to support technology improvements at SCORE
 _____ to support resources for small business owners
 _____ to support resources for women in business
 _____ to support chapter resources (marketing, recruiting, leadership)
 _____ to support SCORE's future through the endowment
 _____ other (please list) _____

SEND TO: **The SCORE Foundation**
4135 Center Gate Boulevard • Sarasota, FL 34233
 Phone 941-371-3107 • Fax 941-378-9879
 All gifts are tax-deductible as provided by law.