

PLEASE COMPLETE AND RETURN BY JANUARY 31, 2017.

Company Name: _____

Address: _____

Contact Person/Title: _____ Telephone: _____

Fax: _____ Email: _____

YES! We are pleased to become a member of the Kids' Chance Scholarship Society for the next 12-month period at the following level (check one):

_____ **President's Council** (\$10,000 and above annual contribution)

_____ **Dean's List** (\$5,000 annual contribution)

_____ **Scholar Society** (\$2,500 annual contribution)

_____ **Honor Roll** (\$1,000 annual contribution)

***IN ORDER TO MEET TODAY'S RISING EDUCATIONAL COSTS, WE ASK THAT YOU CONSIDER YOUR GIFT COMMITMENT FOR MULTIPLE YEARS.**

Our contribution of \$ _____ will be paid: _____ Lump Sum _____ Monthly _____ Quarterly

Please charge a total of \$ _____ to my credit card as follows:

\$ _____ Lump Sum

\$ _____ Monthly

\$ _____ Quarterly

_____ Credit Card Number _____ Exp. Date _____ CVV _____
Billing Address: _____ Zip Code: _____

_____ Our check is enclosed.

YES! We are able to pledge this level of support for _____ consecutive years.

Your organization will be listed in Kids' Chance promotional signage as set forth in each of the Scholarship Society levels. We will be happy to work with you to accommodate any specific requests such as plaque presentations, photo opportunities and company newsletter articles.

We understand that Kids' Chance of South Carolina, Inc. will utilize our sponsorship contribution at the discretion of its Board of Directors in fulfilling the mission of Kids' Chance.

Checks mailed with the completed commitment form to:

Kids' Chance of South Carolina
Post Office Box 2957
Georgetown, SC 29442-2957

Kids' Chance of South Carolina, Inc. is a registered 501(c)(3) non-profit, tax-exempt SC charitable organization.

