



## MEDICI FOUNDATION DONATION/PLEDGE CARD

(Please fill in both sides of donation/pledge card and mail in the enclosed envelope)

*Please Print:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse Name \_\_\_\_\_

Birthday \_\_\_\_\_ Spouse Birthday \_\_\_\_\_

*My Gift to the Medici Foundation is in: Check one*

Honor of    Memory of    Birthday for    Other

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I have enclosed a Matching Gift Form from my employer

*The Medici Foundation is an IRS Section 501(c)(3) charitable organization operating under Tax ID # 33-0637812.*

*16100 Sand Canyon Avenue • Suite 130 • Irvine • CA • 92618 • Phone 949.417.1100 • Fax 949.417.1165*

Enclosed is my gift of \$ \_\_\_\_\_  
(Make all checks payable to the Medici Foundation)

I pledge \$ \_\_\_\_\_  
I would like to make my pledge in installments of:  
\$ \_\_\_\_\_/Monthly  
\$ \_\_\_\_\_/Quarterly  
\$ \_\_\_\_\_/Semi-Annually

Charge \$ \_\_\_\_\_ to my credit card:  
 Visa    Mastercard    American Express    Discover

\_\_\_\_\_  
*Card Number*    *Exp. Date*

\_\_\_\_\_  
*Signature (Required for Credit Card)*

Please write the name you would like to be recognized by,  
e.g. individual name, family name, Mr. & Mrs., or business name:

Name: \_\_\_\_\_

***Medici Foundation Giving Levels***

- |                          |                      |                           |
|--------------------------|----------------------|---------------------------|
| <input type="checkbox"/> | Founders Society     | (\$10,000 a year)         |
| <input type="checkbox"/> | Circle of Champions  | (\$5,000 a year)          |
| <input type="checkbox"/> | Circle of Compassion | (\$1,000 a year)          |
| <input type="checkbox"/> | Circle of Commitment | (\$500 a year)            |
| <input type="checkbox"/> | Circle of Caring     | (\$100 a year)            |
| <input type="checkbox"/> | Circle of Comfort    | (\$25, \$50, \$75 a year) |

***Please Send Me Information About***

- Leaving a gift in my Will or Estate Plan
- Receiving an income from my gift
- Estate planning/tax benefits of charitable giving
- Stock, real estate and other gifts of appreciated assets
- The Medici Foundation
- I would like to speak with someone. Please contact me.

Please be sure to fill in both sides of this card.