

Lighthouse Center, Inc.
Founded in 1979 by Chetana Catherine Florida
A Spiritual Development Center Bridging the East and the West



2016 Pledge Form

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Other Phone #: _____

Email Address: _____

If you are renewing your Membership and if any of the above information has changed, please circle the new information so that our records can be updated. Thank You.

Put me on the Lighthouse Center, Inc. email list: Yes _____ No _____

Put me on the Lighthouse Center, Inc. postage mailing list: Yes _____ No _____

Your Pledge is already at work supporting the LHCI in providing a Spiritual Home to many, its Mission and Outreach programs.

I am **PLEDGING** for the calendar year of: 2016, from **January to December**.

Please check Membership Level of your Pledge:

___ **Platinum Membership:** \$1212.00/year (\$101.00/month) & Receive a \$100.00 Gift Certificate* to the LHCI Store.

___ **Gold Membership:** \$601.00/year (\$50/month) & Receive a \$50.00 Gift Certificate* to the LHCI Store.

___ **Silver Membership:** \$241.00/year (\$20/month) & Receive a \$24.00 Gift Certificate* to the LHCI Store.

___ **Bronze Membership:** \$101.00/year (less than \$10/month) & Receive a \$10.00 Gift Certificate* to the LHCI Store.

___ **Basic Membership:** \$61.00/year (\$5/month)

___ **Alloy Membership:** Enter a Pledge amount above the Basic Membership \$_____.00/year (_____.00/month)

You will receive a Gift Certificate* to the LHCI Store valued at 10% of your Yearly Pledge.

***Gift Certificates will be mailed to you when your Pledge has been met on/or before December of the year pledging.**

Payment Preference (Please check one):

___ Check* will be payable to the LHCI as a single yearly pledge amount

___ Check* will be payable to the LHCI monthly

___ Check* will be payable to the LHCI quarterly

___ **Credit card** (contact Prachi at 734.417.5804 or at cprachi17@gmail.com)

**Bank checks will be payable to the LHCI (please write "Pledge" in notation section of check)*

OR

___ A single payment will be made online at the LHCI website* via PayPal.

___ A monthly payment will be made online at the LHCI website* via PayPal.

___ A quarterly payment will be made online at the LHCI website* via PayPal.

Signature: _____ **Date:** _____

The Lighthouse Center, Inc. is a non-profit organization under Section 501(c)(3) of the Internal Revenue Code
Pledges and Donations to the Lighthouse Center, Inc. are tax deductible as provided by law.

***<http://www.lighthousecenterinc.org>**

Please make checks payable to the **Lighthouse Center, Inc. (LHCI)** and mail to:

Attention: Treasurer

Lighthouse Center, Inc.

P.O. Box 645

Whitmore Lake, MI 48189

**For any questions regarding Pledge Information or Volunteering at the LHCI,
Contact the Director of Operations, Prachi at 734.417.5804 or at cprachi17@gmail.com**