

# Your Lifetime Membership Pledge



*“The true meaning of life is to plant trees,  
under whose shade you do not expect to sit.”*

*-Nelson Henderson*

Thank you for becoming a Lifetime Member of the Action Alliance. Our Lifetime Members are an exceptional group of individuals who “never stop working for a world free of violence.” *(Lifetime Member Judy Casteel)*

Please complete this Pledge Form and return it to:

**Elizabeth Wong**  
Coalition Development Director  
Virginia Sexual and Domestic Violence Action Alliance  
1118 W. Main Street  
Richmond, VA 23220

The Action Alliance is a non-profit organization and your Lifetime Membership is tax deductible to the fullest extent of the law. Membership contributions and funds raised through special events make it possible for us to engage in public policy advocacy, to develop statewide prevention campaigns such as the Red Flag Campaign, and to respond quickly to emerging issues such as the link between human trafficking and sexual and domestic violence.

*The Action Alliance holds an annual event especially for our Lifetime Members. All individuals who have pledged to become a Lifetime Member will be invited. Once you have fulfilled your pledge you will receive a special Lifetime Membership Pin. (designed by one of our first Lifetime Members, Susheela Varky)*

*Thank you!!*

**It is my intention to make a Lifetime Membership Gift in the amount of \$1,000. My gift will be paid:**

- In one payment of \$1,000 on this date: \_\_\_\_\_
- In five monthly installments of \$200 beginning \_\_\_\_\_
- In twelve monthly installments of \$83.34 beginning \_\_\_\_\_
- In twenty-four monthly installments of \$41.67 beginning \_\_\_\_\_
- In thirty-six monthly installments of \$27.75 beginning \_\_\_\_\_
- As follows: \_\_\_\_\_

You may choose to make your Lifetime Membership gift by authorizing the charges to your credit card, or by requesting a reminder to mail a check. Which would you prefer?

\_\_\_ Please bill my credit card.

Visa  Mastercard  American Express  Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

\_\_\_ Please send me a reminder when payments are due and I will send a check.

May we please have your contact information so that we can thank you and let you know about member events and opportunities?

Name	
Address	
Phone	
Email	