

# Yes, I want to be a member of the PRESIDENT'S SOCIETY

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*As you would like it to appear in Annual Report

I wish my gift to remain anonymous.  
(Please do not list my name in any recognition materials.)

I am an Alumna/us of Carroll Class of \_\_\_\_\_

I'd like information about joining the Joseph F. Shields Legacy Circle.

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

**My total gift is \$** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options:

Credit Card:

Visa  MasterCard  Discover  American Express

Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_

CID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: (please print) \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

I have enclosed a check in the amount of \$ \_\_\_\_\_

## Membership Levels

**Platinum membership:** \$5,000 and above

**Silver membership:** \$1,000 – \$2,499

**Gold membership:** \$2,500 – \$4,999

**Bronze membership:** \$500 – \$999  
(exclusive to Faculty/Staff)