

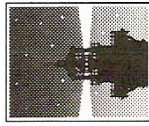
St. Augustine Lighthouse & Museum, Inc.
Founding Lights Society Pledge Card

Name: _____
 Address: _____ State _____ Zip _____
 Telephone: _____ Fax _____ Email: _____

As a charter member of the Founding Lights Society I pledge to St. Augustine Lighthouse & Museum, Inc.
 _____ dollars per year for five years.

Donor Signature _____ Date _____
 Bill me Credit Card Draft my account Annually Semiannually Quarterly Monthly
 Start Date _____ Credit Card # _____ Exp. Date _____

Organization Copy



St. Augustine Lighthouse & Museum, Inc.
Founding Lights Society Pledge Card

Thank you for joining the Founding Lights Society

You have agreed to the following gift. _____ dollars per year for _____ years. A total of _____

The gift will be: Billed Charged Draft my account

_____ Annually _____ Semiannually _____ Quarterly _____ Monthly Start Date _____

Credit Card # _____ Exp. Date _____

Pledge received by: _____ Date _____

Donor Signature _____ Date _____

Solicitation of Contribution Registration #SC08548. 100% of your contribution supports the St. Augustine Lighthouse & Museum, Inc. Donor Copy