**Board Member Pledge Form**Calendar Year 2023

Board Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a Board Member of Disability Rights Maryland:**

1. I personally pledge my annual gift of $\_\_\_\_\_\_\_\_ to Disability Rights Maryland to support our 2021 fundraising goals and fulfill my individual commitment.

**I would prefer to make (select one):**

❑ One annual payment of $\_\_\_\_\_\_\_

❑ Two pledge payments:  
 $\_\_\_\_\_\_\_\_ *to be paid by June 30, 2023* $\_\_\_\_\_\_\_\_ *to be paid by December 30, 2023*

❑ Monthly payments of $\_\_\_\_\_\_\_ (*Please contact Robin Murphy Executive Director,*

*at 410-727-6352 or* [*RobinM@DisabilityRightsMD.org*](mailto:RobinM@DisabilityRightsMD.org) *to set up your monthly payments)*

**I will also:**

2. ❑ **Sponsor and/or**  ❑ **purchase tickets** to Disability Rights Maryland’s 2023 Fundraiser event.

3. Participate in at least one of the following organizational fund development activities:

❑ Pledge to provide at least 5-10 names to DRM to spread the word about disability rights advocacy and solicit donations. I will submit my prospect names to DRM by *January, 2023.*❑ Event sponsorship solicitation/ticket sales.  
❑ Donor cultivation and recognition activities such as thank you calls.   
❑ Year End Fundraising  
❑ Special/other fund development activities as possible (i.e. third-party hosted event)

4. Supplement these organizational fundraising activities through an individual event or contribution. In this regard, I will:

❑ Host a house party or gathering.   
 ❑ Arrange with a business or restaurant to donate a % of a day’s profit to DRM  
 ❑ Other, *please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I accept this commitment as a central element of my role and responsibilities as a member of Disability Rights Maryland’s Board of Directors, and this year’s fundraising/development commitments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature Date