



**BECOME A MEMBER OF
THE PINWHEEL SOCIETY
WITH YOUR DONATION OF \$1,000 OR MORE
PER YEAR FOR THE NEXT THREE (+) YEARS**

PINWHEEL SOCIETY DONOR INTENT FORM

In support of **The Pinwheel Society** I (we) _____ commit a total of
please print name(s)

\$ _____ for FY25/26 (October 1, 2025 – September 30, 2026)

I would like to continue my commitment for the next _____ years.

***NOTE:** Please see the reverse page, should you wish to enroll in WCCAC's automatic payment plan.*

For purposes of donor recognition:

- I (we) desire that our donation be treated as an anonymous commitment; OR
 Please list my (our) name as specified below in all appropriate donor recognition:

Please print above exactly as you would like your gift to be recognized. For example:
Becky and Randolph Mitchell • The Rawley Family • In memory [or honor] of Raquel Gutierrez

Please direct inquiries & completed forms to:
Name: Tiffany Sturman, Chief Advancement Officer
Phone: 512-943-3701
Email: tsturman@wilcocactx.org

**Please make checks payable to:
Williamson County Children's Advocacy Center**

PREFERRED CONTACT INFORMATION:

Address: _____

Phone: _____ Email Address: _____

Signature(s): _____ Date: _____





AUTOMATIC PAYMENT ENROLLMENT

Please complete, sign and return this form with your credit or debit card information.

Credit/Debit Card

Account Number: _____

Exp. MM/YY: _____ CVV: _____ Zip Code: _____

Visa: MasterCard: American Express: Discover:

Unless otherwise noted, credit card fees will be absorbed by the donor to maximize the donation

I would like to pay: Annually Monthly

Please sign below to activate your giving:

I authorize WCCAC to withdraw the amount above from my account each month, beginning immediately, until my commitment is fulfilled, or I notify WCCAC to change or cancel my automatic payment plan.

Authorized Signature: _____ Date: _____

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