

## **ACTIVE Tax Deductible Contribution Form**

## For Monthly Donations

Please consider helping 125 LIVE financially, particularly if your membership is free. Every dollar helps to pay the bills and keep our facility clean and maintained.

Here are some key facts to highlight the importance of our members' contributions:

- 1) 125 LIVE is a 501(c) (3) organization, which relies heavily on donations. As such, your charitable contribution to our organization would be tax deductible on your tax returns.
- 2) 125 LIVE currently has over 2000 members who participate in some type of fitness reimbursement program, (Silver Sneakers; Silver & Fit; Active & Fit; AARP Renew Active) who receive a completely free fitness membership from 125 LIVE.
- 3) 125 LIVE's reimbursement for such fitness programs is based on monthly member attendance. Each time a member with a fitness reimbursement program scans in, 125 LIVE will get reimbursed a small amount up to 9 times per month.
  - If a member doesn't come at all that month, 125 LIVE receives \$0.
  - If a member comes 30 times that month, 125 LIVE receives reimbursement for up to 9 of those visits.
  - At most, 125 LIVE receives 57% of the cost of the fitness membership.
- 4) As a non-profit organization, 90% of all our revenue goes directly back into programming and operations.
- 5) Each donation 125 LIVE receives helps to maintain our low costs of membership.
- 6) If each member gave \$10 per month, 125 LIVE would be able to put about \$450,000 more into programming, maintaining facilities, and keeping membership costs at their current rates.
- 7) As a donor, you will be recognized monthly on our donor wall and newsletter. If you donate \$500 or more, you will receive a permanent tile on our legacy donor wall.

I have read and understand the above information		/	
	Signature	Date	



## **Monthly Donation Form**

## **Electronic Funds Transfer Agreement**

		<b>C</b>
I would like to donate	I would not like to	o donate at this time
If you do not wish to do a monthly one-time donations. Please inquir		•
Please complete this form for your This form will be shredded after t	•	
Primary member name as it appea	ırs on your credit / debit card	
Card Number	Security Code	Expiration Date
\$		
Amount to be donated monthly	•	
Please enroll me in the automatic the terms and conditions listed be a monthly donation from the acco	low. By signing below, I autho	_
Member Signature		Date
Transfers will occur each month you clearly reflect the automatic paym successfully occur, you will be not	nent. If the withdrawal from y	·

To stop monthly donations, please inquire at membership services.