

PLEDGE/GIFT FORM

It is my/our intent to join The History Center's Giving Circles!

Name _____ Amount \$ _____

Address _____

City _____ State _____ Zip _____

Email _____

Special Instructions _____

I would like for this gift to go to: Annual Fund Endowment
 Where it will do the most good

Please indicate how you wish your name to appear for Donor Recognition:

Name _____

I wish for this pledge/gift to remain anonymous.

Please indicate how you wish to remit payment:

PAID IN FULL

Check enclosed

(Annual Fund Checks, please make out to "THC"; Endowment Checks, please make out to "Landmark & Legacy Endowment Fund of THC")

To be charged to my credit card

_____ - _____ - _____ - _____

CSC _____ Exp _____ / _____

Donor Signature _____

PLEDGE

\$ _____ to be paid monthly via automatic credit card payment

\$ _____ to be paid via check; invoice me:

Monthly

Quarterly

