Confidential Pledge Form

What is the total amount of your donation? $_____

What donation schedule are you pledging to fulfill?

☐ I (we) have enclosed a check for the total amount of our gift.

☐ I (we) would like to pledge our gift to be paid over:

☐ 1 ☐ 2 ☐ 3 year(s) ☐ quarterly ☐ yearly

In what form do you to plan make your donations (check all that apply):

☐ Check ☐ Wheat or other commodity ☐ Stock or other security

☐ A private business interest ☐ Other (please describe) _____

Recognition and Anonymity

☐ When recognizing my/our donation, please list my/our name as follows:

_____

☐ I/we prefer to remain anonymous. Please do not publish our name in any donor list or tell people on the Campaign Team our names.

In telling you of my/our intention, I/we do not intend to create any legal obligation to the Walla Walla Public Library Capital Campaign Fund at the Blue Mountain Community Foundation either personally or for my/our estate. It is simply a statement of my/our present intentions, and I have the option to change my plans at any time. I do understand, however, that my pledge contributes to the success of the capital campaign; therefore, I agree that I will make every reasonable effort to ensure that I pay my entire pledge.

_____ _____

Full name(s) Email

_____ _____ _____ _____

Phone Address City State/Zip

_____ _____

Signature Date

_____ _____

Signature Date