



GIFT PLEDGE FORM

755 Myra Road, Walla Walla, WA 99362
Phone (509) 525-7703 Fax (509) 525-7798

Name:

Date:

Address:

Phone:

City/State/Zip:

Email:

- I/We pledge a total of \$_____ to be paid by _____ (year ends 12/31)
- As a lump sum Installments of \$_____ Monthly, Quarterly, Semi-Annually, Annually
- Please remind me/us of this pledge commitment

Please complete all areas that apply:

Funding Gift to be Used For

- Operations Director's Discretionary Fund
- Capital Campaign
- Endowment of _____
- Specific Project _____
- Other (specify) _____

Matching Gift

- My Company, _____ will match my gift.

Credit Card

- I wish to charge a gift of \$_____ to my VISA or MasterCard (circle one)

Card Number _____ Security Code _____

Expiration Date _____

Signature _____

Name on Card _____

You may also call (509) 525-7703 to charge your gift via telephone. Or donate online at www.fortwallawallamuseum.org

Stock/Property Transfer

- I/We will transfer _____ shares of _____

Instructions for gifts of securities are available through the Development Office. Contact Gary Lunden, Financial Development Officer.

Thank you for Supporting Fort Walla Walla Museum!