

DONATION PLEDGE FORM

DONOR INFORMATION

Donor: _____
Contact Last Name: _____ First Name: _____
Address: _____ City/Province _____ Postal Code _____
Billing address (if different from above) _____
Home Phone: _____ Bus. Phone: _____ Cell Phone: _____
Email: _____

GIFT / PLEDGE INFORMATION

Personal Gift Corporate Gift
 One time gift: \$ _____ Multi-year Campaign Pledge: \$ _____

METHOD OF PAYMENT

Cheque: \$ _____ (Please make cheque payable to the Lake of the Woods Museum)
Credit Card: Visa Mastercard
Credit Card #: _____ Expiration Date: _____
Name on card (please print): _____
Signature: _____

Pledge: My pledge is for the period of: 1-year 2-years 3-years 4-years 5-years
I would like to make pledge payments according to the following schedule; please send pledge reminder notices:
 annually semi-annually quarterly monthly
beginning on (date): _____ and continuing on the 1st or 15th of the appropriate month(s)

DONOR RECOGNITION

Please use the following name(s) in all acknowledgements: _____
OR I/we wish to remain anonymous
 My gift is in Honour or Memory of: _____

OTHER GIVING OPTIONS

Corporate Matching Gift: This gift will be matched by _____
 Matching Gift enclosed Matching Gift form to be sent
 Securities. Please contact me to discuss a gift of securities.

CONTACT INFORMATION

Please return the completed form to: Lake of the Woods Museum
PO Box 497, Kenora, ON P9N 3X5
(807)467-2105 museum@kmts.ca

Signature: _____ Date signed: _____
Signature is required for authorization of pledge

THANK YOU FOR YOUR GENEROUS SUPPORT