



Capital Campaign Pledge Form

I/We hereby agree to contribute the sum of \$ _____

Donor _____

(Please list your name above as you would like it to be publicly listed/printed)

Contact name _____

Address _____

City _____ State _____ Zip _____

Phone: day (____) _____ evening (____) _____

E-mail _____

Total gift pledged \$ _____ to be paid over: 1 year 2 years 3 years 5 years

Date of first payment _____

To be paid: Annually Semi-annually Quarterly Paid now in full Other _____

Naming opportunity selected (for gifts of \$10,000 or more) _____

Signature

Date

Please make checks payable to:
Marshfield Area Community Foundation
w/MAPS Capital Campaign in the memo

Please return this form to:
Marshfield Area Community Foundation • PO Box 456 • Marshfield, WI 54449