

## **CAPITAL CAMPAIGN PLEDGE FORM**

PLEASE FAX (715-723-6557), MAIL (NWSF – 225 EDWARD ST – CHIPPEWA FALLS, WI 54729) OR SCAN/EMAIL (DBAIER@NWSFA.COM) THIS FORM TO THE CAMPAIGN OFFICE, ATTN: DEBBIE BAIER

I/We wish to make a gift to the	Capital Campaign to benefit the Ba	arn Replacement Project.	
I/We commit the following:			
Total Amount of Gift:	\$		
Initial Payment:	\$		
Balance:	\$		
Payable: One Time Over 2	Years Over 3 Years Over	4 Years Over 5 Years	
Beginning Date:			
Payment Schedule: Semi-Annu	ally (Jan.1 & July 1) Annuall	y (Jan.1)	
Signature:			
	Personal Gift	Corporate Gift	
Company/Organization (if appr	opriate):		
Name(s):		Title:	
Address:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Credit Card (4% charge for bala	nces \$500 or more):		
CC#:	Exp Date:	CSV#	
Signature:	Em	ail:	
Please PRINT NAME:		Date:	
How you would like Donor Red	ognition to read:		

Please make checks payable to: NWSF