

Main Street Flower Fund Donor Pledge Form

I pledge to support the Main Street Flower Fund in Waupaca with a tax-deductible gift of \$ _____ (amount) over _____ (years).

Donor Information:

Name(s): _____

Organization, if applicable: _____

Address: _____

Phone: _____

Email: _____

Giving Level: Please check the appropriate giving level and indicate the pledge amount and payment schedule below.

- Seed (Total Donation Under \$899)
- Sprout (Three-Year Pledge of \$300 annually)
- Bud (Three-Year Pledge of \$400 annually)
- Blossom (Three-Year Pledge of \$500 annually)
- Gardener (Three-Year Pledge of \$1000 annually)
- Sunshine (Three-Year Pledge of \$17,000 annually)

Recognition: Community displays will be available to recognize Sprout, Bud, Blossom, Gardener, and Sunshine level donors.

- I/we **DO** want to receive donor recognition
- I/we **DO NOT** want to receive donor recognition
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Please specify the wording to be included on your plaque. Please do not exceed 38 characters:

Payment Schedule: Please indicate how you will fulfill your pledge:

- One-time payment of \$ _____
- Annual payment of \$ _____ for three years
- Other payment schedule: _____

Payment Method:

- Check payable to Waupaca Area Chamber Foundation
- Credit card (please fill out below)

Credit Card Information:

Card type: _____

Card number: _____ Exp. date: _____ Security Code: _____

Name on card: _____

Billing address (if different from above): _____

Please return this form to: Waupaca Area Chamber Foundation 315 S Main Street Waupaca WI 54981 or email info@waupacaareachamber.com. **Thank you for your support of the Main Street Flower Fund in Waupaca!**