

**Pledge of
Intent to Support
Cedar Falls Historical Society**



Donor Name(s): _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (office) _____ (home) _____

(cell) _____

Gift Information

☐ I/We pledge a TOTAL of \$ _____ to the Cedar Falls Historical Society capital campaign. Enclosed please find \$ _____

The remainder of this commitment will be fulfilled with payments of \$ _____, which will be contributed: ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly for: ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years (You will be sent a reminder.)

☐ Please contact me to set up pledge payment by ACH withdrawal.

☐ My/My spouse's company will match my/our gift:

Company Name(s) _____

☐ Please contact me about a stock or other form of gift

Individual name(s) or organization name to be listed for gift recognition as you want them to appear: _____

My gift is ☐ in honor of, or ☐ in memory of _____

☐ I/We would like our gift to be recognized through a naming opportunity of: _____

☐ I/We would like our gift to remain anonymous.

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to:

Cedar Falls Historical Society
308 West 3rd Street
Cedar Falls, IA 50613
cedarfallshistory.org

Contributions to the Cedar Falls Historical Society, a 501(c) (3) nonprofit organization, are tax deductible to the greatest extent of the law.