

Save the Glen



The Campaign to Secure the Future of Glen Helen

CAMPAIGN PLEDGE FORM

Donor(s): _____
Address: _____
City, State Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____
Email: _____

By this pledge, I/we are making a binding commitment to give the amount(s) specified herein, which pledge the Glen Helen Association accepts and will act in reliance upon to begin the project and programs supported by the Save the Glen Campaign. I/We intend that the terms of this pledge will be legally binding and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Ohio. The Glen Helen Association is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Association's federal tax identification number is 31-0963193. Donations are tax-deductible to the extent allowed by law.

Yes! I believe in the mission of the Glen Helen Association and want to support the Save the Glen Campaign.

Terms of Pledge

Total Amount of Pledge:

\$ _____

Pledge to be paid as follows:

I am/we are supporting the campaign today with the gift of: _____

Single year payment of pledge: _____

Begin on (date): _____

Multiple year payment of pledge: _____

Begin on (date): _____

To be paid over (yrs): _____

Please bill me/us:

Annually

Monthly

Quarterly

Other: _____

Method of Payment(s)

Check payable to:

Glen Helen Association

Please charge my

Visa MC AmEx

Name on card: _____

Credit Card Number: _____

Exp. Date: _____

CVV Code: _____

Planned Gifts and Stock:

Please contact the Glen Helen Association for more information.

Other:

My/our gift will be matched by: _____

Matching gift enclosed

Matching gift form will be sent

Donor Signature: _____

Date: _____

Donor Signature: _____

Date: _____

Public Recognition

The Glen Helen Association may publicly acknowledge my commitment Yes No

This gift commitment is made in honor/memory of: _____

Please send notification of my honorary/memorial gift to:

Name: _____

Address: _____

City, State Zip: _____

Special Instructions: _____



Glen Helen
Association

Thank you for your charitable contribution.

405 Corry St. ♦ Yellow Springs, OH 45387 ♦ www.glenhelenassociation.org

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