Statement of Gift Intent



The Heart of Pella

The campaign to revitalize the Pella Community Center

Name(s):	
Street	Address:	
City:	State: Zip:	
Phone:	: E-mail:	
PLEI	DGE:	
	YES! I/We wish to support the <i>Heart of Pella</i> campaign with a pledge	
	in the amount of \$ over \(\Begin{array}{cccccccccccccccccccccccccccccccccccc	rs.
	Please accept my/our initial payment of: \$	<u></u>
	with a remaining pledge balance of: \$	to be paid as follows:
	Number of payments Paid: Monthly Quarterly Annually Beginning of (Pledge reminders will be mailed to you at the frequency you indicated above	
DONOR	R RECOGNITION:	
□ 1/ □ 1/	Please list my (our) name as specified below: Name(s): (Please print above exactly as you would like your gift to be recognized. Examples: John F. The Family of John Jones, In honor/memory of John Jones, John & Mary Jones, Dr. John & We wish that our gift be treated as an anonymous donation. We are interested in naming opportunities. Please indicate preferences.	Mary Jones)
	LLMENT OPTIONS: Enclosed is my check in the amount of: \$	vable to: Friends of Pella Community Center)
□ P	Please charge my/our credit card in the amount of: \$	
	would like to set-up a recurring payment from my bank. PCC representative will contact you regarding your account information for	bank or credit card transactions)
□ l:	/We wish to make a gift of stock/securities/commodities (instruc t is my intention to fulfill the terms of this commitment by recon advised fund or other foundation. /We will make our gift via a charitable distribution from a retiren	nmending funding through a donor
□ \$	5 of this pledge will be paid by a matching gift pro	ogram at
Donor((s) Signature(s)	Date:
Donor((s) Signature(s)	Date:

THANK YOU FOR YOUR SUPPORT OF THE PELLA COMMUNITY CENTER!

EIN: 82-5368750





P.O. Box 524
Pella, Iowa 50219
friendsofthepellacommunitycenter.org

Questions? Contact Arvin Van Zante at apvzante@gmail.com or 641-780-8190