



Pledge Form

Michigan Museums Association

Personal Information

Full Name(s): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Date of Birth (MM/DD/YYYY): _____

Pledge Information

Desired Recognition (i.e. Ms. Jane Doe): _____

Date of Pledge (MM/DD/YYYY): _____

Pledge Designation: Cash Gifts Endowment Planned Gift

Cash Gifts:

___ Annual amount of \$ _____ over ___ years (max. 5 years) totaling \$ _____

___ Starting in the year ____, I/We prefer to make annual contributions in the month(s) of:

___ January ___ February ___ March ___ April ___ May ___ June

___ July ___ August ___ September ___ October ___ November ___ December

Endowment:

Endowment donations are made directly to, and managed by, the Capitol Region Community Foundation in Lansing, MI.

Planned Gift:

___ A planned gift in the (approx.) amount of \$ _____. Details:

Please send a copy of supporting documentation to contact listed below.

I/We understand that any pledge we make is not legally binding upon individuals or their estates.

Signature of Donor(s)

Date (MM/DD/YYYY): _____

Thank you for your support!

QUESTIONS? P.O. Box 5246
Cheboygan, MI 49721
313-334-7643
director@michiganmuseums.org
www.michiganmuseums.org