



The Ames Foundation
304 Main Street
Ames, IA 50010
515-232-2310

Gift/Pledge Form

Please provide your contact information below.

Name: _____
Spouse/Partner's Name (if applicable): _____
Address: _____
City/State/Zip: _____
E-mail: _____
Phone: _____
Employer Name: _____

OUTRIGHT CONTRIBUTION

- I/We wish to make an outright gift of \$_____ payable to "The Ames Foundation" (check enclosed).
- Please charge this gift of \$_____ to my/our credit card (authorized signature required at the end of this form).
- MasterCard Visa Card Number _____ Expiration Date ___/___
- I/We wish to make a gift of stock/securities.

PLEDGE

Pledges must be paid in full by July 2019. A minimum total commitment of \$5,000 is required to enter a pledge.

- I/We wish to pledge a total gift of \$_____ payable in equal installments of \$_____ beginning in _____ (month/year)
I/We intent to make payments semi-annually annually.
- I/We wish to receive pledge reminder letters, based on the above payment schedule.

CORPORATE MATCHING GIFTS

- My/My spouse/partner's company offers a match for charitable contributions. Employer Name(s) _____
- My/My spouse/partner's matching gift forms are enclosed.

RECOGNITION

Please clearly print name(s) as you would like it to be printed in donor recognition materials:

_____ In honor of In memory of

CONFIDENTIALITY

- Please note, I would like my gift be confidential and not included on any donor recognition materials.

DONOR SIGNATURE _____ DATE _____

DONOR SIGNATURE _____ DATE _____

THANK YOU FOR YOUR SUPPORT OF AMES MIRACLE PLAYGROUND AND FIELD!