

WESTERN HENNEPIN COUNTY PIONEER ASSOCIATION



Pledge Form

To help the "Keepers of the History", I/We pledge to make the following gift to the Capital Campaign:

Total pledge amount: \$ _____
Initial gift commitment: \$ _____
Balance: \$ _____

This commitment will be completed according to the following gift plan with contributions in cash, stock, or other negotiable form.

Payments will be made: ____ annually ____ semi-annually ____ quarterly ____ monthly

The total pledge will be fulfilled over a period of _____, beginning on _____ and ending _____.

Are you a member of the Museum? Yes _____ No _____

If you are not a member, would you like information about becoming a member? Yes _____ No _____

My/Our name(s) should be listed in any publications discussing the Capital Campaign as follows:

I/We understand that, although we make this commitment as a firm intention to complete this gift, it is the policy of the WHCPA Board of Directors not to press for payment of pledges in the event of unforeseen circumstances that would render payment a hardship.

Name(s): _____

Address: _____

City/State/Zip: _____

Signature(s): _____

Date: _____

Thank you for your gift on behalf of all the children for whom we are preserving this history!

Western Hennepin County Pioneers Association, Inc.
1953 W Wayzata Blvd, PO Box 332, Long Lake, MN 55356
www.WHCPA-Museum.org