Pablo

CENTER AT THE CONFLUENCE

Yes! I'd like to donate $ _____ to Eau Claire Confluence Foundation, Inc.

TITLE (Mr. Mrs. Ms. Dr.) NAME(S)

BUSINESS / ORGANIZATION IF APPLICABLE

ADDRESS

BUSINESS PHONE HOME PHONE

EMAIL

PLEDGE: I (we) pledge a total of $ _____. This amount will be paid over the course of

☐ **3 years** ☐ 4 years ☐ 5 years on a ☐ semi-annual basis ☐ annual basis.

How would you like your contribution to be recognized?

_____

ACKNOWLEDGMENT OF PLEDGE CONTRIBUTION:

SIGNATURE DATE

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