

"We are celebrating the unity and awareness of our communities by recognizing and honoring courageous persons who sought justice and equality." MISSION



PLEDGE FORM

Name \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel (home) \_\_\_\_\_ Tel (business) \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

PLEDGE INFORMATION

I (we) pledge a total of \_\_\_\_\_ for the Celebrate Community Foundation Sculpture Park.

Please Accept my first payment of \$ \_\_\_\_\_ and invoice me for regular  monthly  quarterly or  yearly payments for the term of:  
 (1 year)  (2 years)  (4 years)  (5 years).

Send me and invoice on the  1st or  15th for each payment.

I (we) would like this to be a  Memorial gift (complete information below)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to: Celebrate Community Foundation, P.O. Box 5171, Sioux City, IA 51102

Your contribution is tax deductible to the extent allowed by law.

MEMORIAL GIFTS

In Memory of \_\_\_\_\_