



Capital Campaign Commitment Form

DONOR INFORMATION

Name _____
Company/Organization Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email Address _____
Name(s) for Recognition _____ Anonymus
If different than above.

SUPPORT BRIDGING THE BLUFFS CAMPAIGN

- One-time gift of \$ _____
 Total pledge of \$ _____ Pledge to be paid over: 2 Years 3 Years

Signature _____ Date _____
All contributions are tax deductible. This pledge is a commitment to give the amount specified.

TRIBUTE INFORMATION

Make your gift a tribute: In Honor of In Memory of

Name _____

DONATION INFORMATION

- Check**—Make checks payable to: **BRIDGING THE BLUFFS CAMPAIGN**
 Credit Cards—Visa, MasterCard, Discover, and AMEX are accepted online at www.flywaytrail.com
(Donations may be a one-time gift or set up as recurring monthly, quarterly, or yearly.)
 Qualified Charitable Donation
 Stock Transfer - Please choose one: Please contact me. My financial representative will contact you.
 ACH
 In-Kind Donation
 Matching Gift from Employer - Company Name _____

Please return the completed pledge form and direct any questions to your **BRIDGING THE BLUFFS CAMPAIGN** representative or Sonya Hansen.

Sonya Hansen
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