



## Lilly Endowment Inc GIFT VII Pledge Form

Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Yes! I believe in the mission of the Lilly Endowment Inc GIFT VII Initiative and want to support the project through the Foundation. Pledges for this purpose must be paid in full by December 31, 2020.

By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge the Community Foundation of Crawford County (the "Foundation") accepts and will act in reliance upon to begin this project. I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Indiana. The Foundation is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Foundation's federal tax identification number is 20-0834966. Donations are tax-deductible to the extent allowed by law.

Donor Signature: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Public Recognition

The Foundation may publicly acknowledge my commitment:  Yes  No

This gift commitment is made in honor/memory of: \_\_\_\_\_

Please send notification of my honorary/memorial gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Terms of Pledge

Total Amount of Pledge:

\$ \_\_\_\_\_

Pledge to be paid as follows:

I am supporting this project today with the gift of:

\$ \_\_\_\_\_

Single year payment of pledge:

\$ \_\_\_\_\_

Beginning on (date): \_\_\_\_\_

Multi year payment of pledge:

\$ \_\_\_\_\_

Beginning on (date): \_\_\_\_\_

To be paid over (yrs): \_\_\_\_\_

Please bill me:  Annually

Monthly

Quarterly

Other: \_\_\_\_\_

### Method of Payment(s)

Check payable to:

Community Foundation of Crawford County

Please charge my:

Credit Card Number \_\_\_\_\_

Expires: \_\_\_\_\_

Sec. Code: \_\_\_\_\_

Planned Gifts and Stock:

Please contact the Foundation for more information.

Other: \_\_\_\_\_

My/Our gift will be matched by: \_\_\_\_\_

Matching gift enclosed

Matching gift form will be sent

You may also give using the Recurring Gifts form or available at <http://www.cf-cc.org/donate-now.html> or give online at the same URL.

**Thank you for your charitable contribution.**

4030 East Goodman Ridge Road, Box D, Marengo, IN 47140

P. 812.365.2900 | CF-CC@CF-CC.org | www.CF-CC.org