



CAPITAL CAMPAIGN COMMITMENT FORM

Name _____
Organization (if business or foundation) _____
Address _____
City, State, Zip _____
Phone Number _____ Email _____

PLEDGE INFORMATION

\$ _____ Total Pledge
\$ _____ - Initial Payment (Please consider an initial payment of 10% or more)
\$ _____ = Balance paid over 1 2 3 4 5 year(s)

I/We plan to make payments on our pledge: Monthly Quarterly Annually

I/We plan to make my/our contribution in the form of: (PLEASE CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Check (Checks payable to the International Owl Center and write Capital Campaign on the memo line) | <input type="checkbox"/> Qualified Charitable Distributions from an Individual Retirement Account |
| <input type="checkbox"/> Electronic Funds Transfer/Credit Card *
www.internationalowlcenter.org/future
* Credit Card processing fee of 2.2% | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Employer Matching Gift _____ |
| | <input type="checkbox"/> Other _____ |

- The International Owl Center is a 501(c)3 organization. EIN: #45-5503365
- Our brokerage account is with Baird: Account: 50921659 DTC: 0547

I/We are interested in a Naming Opportunity (You will be contacted)

Total gifts of \$1,000 or more will be recognized on a donor wall in the new facility. If your gift qualifies to be recognized on the donor wall, how would you like to be recognized? (i.e. Mr. and Mrs. Smith, In Honor of Jane Doe, Acme Corporation, etc.)

Check this box if you would like your campaign pledge/gift to remain anonymous

Signature(s)

Date
