



# Warm Water Therapeutic Pool Capital Campaign

## Pledge Commitment Form

### DONOR INFORMATION Please print clearly and complete entire form.

Donor/Company Name(s) \_\_\_\_\_

Corporate Contact to Receive Correspondence (if a corporate gift): \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### PLEDGE INFORMATION

I pledge a one-time amount of \$ \_\_\_\_\_ in support of the Warm Water Therapeutic Pool Campaign.\*

**\*NOTE:** A minimum pledge of \$1,500 is required if you wish to pay your pledge in installments over a period of 1-3 years. If you select installment options, the first installment will be due when the capital campaign is closed, with the remaining installments due as indicated below. You will be notified when the capital campaign has closed and your first payment is due. The deadline for all payments is January 31, 2020.

I wish to give my donation (≥ \$1,500) in:  1  2  3 year installments.  
Donations over 1–3 years will be due in equal installments. Choose preference:  Annually  Semi-Annually  Quarterly  Monthly

### ACKNOWLEDGMENT Please print clearly.

I understand and agree, on behalf of myself and/or the entity I represent, that the purpose of this pledge is to provide matching funds to induce Marathon County to borrow money in order to complete the Warm Water Therapeutic Pool Project. Upon the issuance of a bond, or bonds, by Marathon County in furtherance of said project, this pledge shall become a binding obligation to pay and shall be enforceable to the extent permitted by law.

\_\_\_\_\_  
*Donor Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Solicitor* \_\_\_\_\_ *Date*

Please print your name as you would like it to appear in formal recognitions and/or publications:

\_\_\_\_\_  
*Print Name*  I would like my gift to be anonymous and do not want my name listed for recognition.

Donations are tax deductible to the extent allowed by the law. Tax receipts will be issued at the end of the year your payment was made. Questions regarding contributions should be referred to your tax advisor.



**Thank You**  
for Your  
Support &  
Generosity

**Return completed form to:** Warm Water Therapeutic Pool Campaign, North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403