

It is my intention to make the following gift to the National Czech & Slovak Museum & Library.

Amount: \$ _____

Gift Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ (home) _____

Email: _____

Special restrictions/instructions:

INDICATE PAYMENT PREFERENCE:

PLEDGE to be paid in:

1 Year 2 Years 3 Years 4 Years

\$ _____ to be paid _____.

\$ _____ to be paid _____.

\$ _____ to be paid _____.

\$ _____ to be paid _____.

\$ _____ to be paid _____.

\$ _____ enclosed.

Annual pledge reminders will be mailed.

A valid credit card must be provided for monthly payments.

PAID IN FULL BY CHECK

\$ _____ enclosed.

PAID IN FULL BY CREDIT CARD

\$ _____ to be charged to my card

Credit Card Information

MasterCard Visa Discover

Card number:

_____/_____/_____/_____

Expiration date:

_____/_____

Month / Year

Security code:

Signature: _____

Please indicate how you wish your name to appear for Donor Recognition:

I wish for this pledge/gift to remain anonymous.

Donor Signature: _____ Date: _____