



MARION PARK
& RECREATION
FOUNDATION

Pledge of Intent to Support THE MARION CENTRAL PLAZA PROJECT

Donor Name(s): _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Telephone: (office) _____ (home) _____

(cell) _____

____ I/We pledge a TOTAL of \$ _____ to the Marion Central Plaza Project capital campaign.

Enclosed please find \$ _____

The remainder of this commitment will be fulfilled with payments of \$ _____

which will be contributed: ___ annually ___ semi-annually ___ quarterly ___ monthly

for: ___ 1 year ___ 2 years ___ 3 years (You will be sent a reminder.)

____ My/My spouse's company will match my/our gift: _____

Company Name(s)

Individual name(s) or organization name to be listed for gift recognition as you want them to appear:

My gift is ___ in honor of or ___ in memory of _____

____ I/We would like our gift to be recognized through a sponsor opportunity of:

____ I/We would like our gift to remain anonymous.

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to:

Marion Park & Recreation Foundation
4500 N. 10th Street
Marion, Iowa 52302

Contributions to the Marion Park & Recreation Foundation, a 501(c)(3) nonprofit organization, in support of the campaign are tax-deductible to the greatest extent of the law.