

# Gift/Pledge Form

In support of the National Susan B. Anthony Museum & House, I/we give or pledge \$ \_\_\_\_\_ payable over the next \_\_\_\_\_ years.

My/Our gift will be used specifically to fund: \_\_\_\_\_

My/Our commitment will be paid in the following manner:

Pledge Year 1: \$ \_\_\_\_\_ on or before \_\_\_\_\_

Pledge Year 4: \$ \_\_\_\_\_ on or before \_\_\_\_\_

Pledge Year 2: \$ \_\_\_\_\_ on or before \_\_\_\_\_

Pledge Year 5: \$ \_\_\_\_\_ on or before \_\_\_\_\_

Pledge Year 3: \$ \_\_\_\_\_ on or before \_\_\_\_\_

## COMPLETE THIS SECTION FOR COMPANY MATCHED GIFTS

My/My spouse's employer \_\_\_\_\_ will match the above stated gift for an additional amount of \$ \_\_\_\_\_ through the corporate gift matching program. Matching gift forms will be forwarded to the National Susan B. Anthony Museum & House as necessary for fulfillment of this pledge.

## GIFT ACKNOWLEDGEMENT

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Donor

Date

Signature of Donor

Date

I/We give permission for the National Susan B. Anthony Museum & House to publish information concerning this gift as an encouragement for others to give.

Please list my/our gift as follows (ie. Jane and John A. Doe): \_\_\_\_\_

I/We wish this gift to remain anonymous.

## PAYMENT OPTIONS

Make checks payable to the National Susan B. Anthony Museum & House, 17 Madison Street, Rochester, New York 14608.

For payment with appreciated securities, please contact the Development Office at 585.279.7490 x12.

To charge your credit card, please complete information below.

Name on Card: \_\_\_\_\_ Account No. \_\_\_\_\_

Card Type:  Mastercard  Visa  Discover  American Express Card Expiration Date\*: \_\_\_\_\_ CCV: \_\_\_\_\_

Please charge \$ \_\_\_\_\_ per (check one):  month  quarter  year Please begin payments on (date): \_\_\_\_\_

I authorize the National Susan B. Anthony Museum & House to charge my credit card.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*As the credit card expiration date approaches, we will contact you for updated information. Thank you.*

## GIFT/PLEDGE ACCEPTED BY

Staff Representative: \_\_\_\_\_ Date \_\_\_\_\_

Members of the National Susan B. Anthony Museum & House staff will be happy to talk with you about pledge options as well as answer any questions you have about this gift. Please contact the Anthony Museum at 585.279.7490.