

## South Louisiana Wetlands Discovery Center CAPITAL CAMPAIGN PLEDGE FORM

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
GIFT/PLEDGE INFORMATION		
I/We pledge a total of \$ to b	e applied in its entir	rety to the Wetlands Discovery Center's building fund.
My/Our gift balance will be paid over a	month	period as follows:
☐ Weekly ☐ Monthly ☐ Quarterly	☐ Semi-Annua	lly 🗖 Annually
This pledge begins / / (DD/N	/IM/YY) and ends	/ / (DD/MM/YY)
☐ A single gift		
DONOR RECOGNITION		
(Donors will be recognized in campaign mate	rials unless an anon	ymous gift is requested.)
☐ Please keep this gift/pledge anonymous.	My company	will match this gift/pledge.
Please use the following name(s) in all ackno	wledgments:	
CHECK INFORMATION		
☐ Enclosed is my check for a tax-deductible	gift of \$	made payable to SLWDC.
Connection Internation		
CREDIT CARD INFORMATION		
Please charge my tax-deductible gift to my cr		
In the amount of \$ Cardholder	's Name:	
Please charge my card for \$ / me	onth for	months.
Expiration:/ Security Cod	le:	
Cardholder's Signature:		Date:

Mail this form with your choice of payment to: SLWDC, 7910 Park Ave., Houma, LA 70364.

This information is provided to you in compliance with the Budget Act of 1993 and ITS regulations. No goods or services were given to the donor in exchange for the donation. All donations/pledges are tax deductible to the extent the law allows. SLWDC is a 501 (c) 3 non-profit organization. Tax ID # 20-0833998

