



Capital Campaign Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	ZIP Code:
Telephone (home)	
Telephone (business/cell)	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid to the Cade Museum Capital Campaign.
Please send me a pledge reminder ___ now ___ monthly ___ quarterly ___ yearly until paid in full.

Amount to be paid:

Pledge Year 1_____ Pledge Year 2_____ Pledge Year 3_____

Pledge Year 4_____ Pledge Year 5_____

I (we) will begin pledge payments in _____(month), _____(year)

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature
Date
Signature
Date

Please make checks, corporate matches, or other gifts payable to:

Cade Museum
904 S Main Street
Gainesville, FL 32601
(352)371-8001