Pledge Form
Michigan Museums Association

Personal Information

Full Name(s): ________________________________________________________________
Street Address: ________________________________________________________________
City, State, Zip: ________________________________________________________________
Phone: ___________________________ E-mail: ___________________________
Date of Birth (MM/DD/YYYY): __________________

Pledge Information

Desired Recognition (i.e. Ms. Jane Doe): ________________________________________________
Date of Pledge (MM/DD/YYYY): __________________
Pledge Designation: ___ Cash Gifts ___ Endowment ___ Planned Gift

Cash Gifts:
___ Annual amount of $ ______ over ____ years (max. 5 years) totaling $ _______
___ Starting in the year ____ , I/We prefer to make annual contributions in the month(s) of:
   ___ January ___ February ___ March ___ April ___ May ___ June
   ___ July ___ August ___ September ___ October ___ November ___ December

Endowment:
Endowment donations are made directly to, and managed by, the Capitol Region Community
Foundation in Lansing, MI.

Planned Gift:
___ A planned gift in the (approx.) amount of $ _______. Details:
Please send a copy of supporting documentation to contact listed below.

I/We understand that any pledge we make is not legally
binding upon individuals or their estates.

Signature of Donor(s)
________________________________________________________
________________________________________________________
Date (MM/DD/YYYY): ________________