



CAROLINA MUSEUM OF THE MARINE AND AL GRAY CIVIC INSTITUTE

CAPITAL CAMPAIGN PLEDGE FORM

Donor(s) Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Yes! I/We support Carolina Museum of the Marine and Civic Institute!

TERMS OF PLEDGE

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

I am supporting this campaign with the gift of: \$ _____

Single year payment of pledge: \$ _____

Beginning on (date): _____

Multiple year payment of pledge: \$ _____

Beginning on (date): _____

To be paid over (yrs): _____

Please bill me:

Annually Monthly Quarterly Other: _____

Signature: _____

Date: _____

METHOD OF PAYMENT(S)

Checks are payable to: Carolina Museum of the Marine

Credit Card: Visa MC AmEx Discover

Credit Card Number: _____

Exp. Date: _____

Planned Gifts and Stock:

Please contact Carolina Museum of the Marine for more information. 910-937-0033 ext 11

Other - My/Our gift will be matched by: _____

Matching gift enclosed

Matching gift form will be sent

Signature: _____

Date: _____

PUBLIC RECOGNITION

Carolina Museum of the Marine may publicly acknowledge my/our commitment. Yes No

This gift commitment is made in honor/memory of: _____

Please send notification of my/our honorary/memorial gift to (Name): _____

Address: _____ City, State, Zip: _____

Instructions: _____

Thank you for your charitable contribution!