

# SALISBURY

HOUSE  GARDENS

## LETTER OF GIFT COMMITMENT

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ Email \_\_\_\_\_

*Yes, I/we wish to join you in making a commitment in keeping Salisbury House & Gardens, and its compelling community programs, alive for the next generation of Iowans. I/We pledge the following gifts.*

### GIFT DESIGNATION

- Annual Fund (unrestricted)
- Capital Projects (e.g. systems replacement, cottage and courtyard renovations, south terrace improvement, gardens enrichments)
- Fine Art Restoration (e.g. paintings, tapestries, furniture and other antiques)

### GIFT RECOGNITION

*All supporters who commit to making a gift to Salisbury House & Gardens are offered the opportunity to be recognized.*

- I/We wish to remain anonymous in any/all donor recognitions.
- I/We wish to be recognized in any/all donor recognitions.

### GIFT FULFILLMENT

I/We would like to pledge \$ \_\_\_\_\_

- A one-time payment       Multiple payments

Please charge the following credit card:

- Visa     Mastercard     Discover     American Express

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Please charge subsequent pledge or recurring payments to this card.

I/We will mail a check/s (Make payable to Salisbury House & Gardens.)

This gift will be matched by one or more employers.

Employer(s): \_\_\_\_\_

Please contact me/us with information about completing my/our pledge through automatic bank withdrawal.

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Beth Laing, Office Manager \_\_\_\_\_ Date \_\_\_\_\_

### *Multiple Payments Pledge*

Please use the following space to map out your pledge as applicable.

Payments of \$ \_\_\_\_\_

- Monthly
- Quarterly
- Semi-annually
- Annually

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Calendar Year (Jan. – Dec.)

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_