



Our History Matters

Capital Campaign of the Galena—Jo Daviess County Historical Society

In support of the Galena-Jo Daviess County Historical Society **Our History Matters** Capital Campaign, I/we wish to contribute as indicated below.

1. Contact Information

Name _____
Address _____
City, State Zip _____
ID No. _____

Check the box next to your preferred communication method.

Telephone _____
 Email _____

2. Donation Amount

Total Amount I/we wish to Gift:

\$ _____

To be paid:

As a one-time gift
 Over 3 years
 Other _____

3. Gift Payment Terms

Payments will begin in the year:

2022 2023 2024

Payments will begin the month of (circle one):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Payments will be made:

Annually Semi-annually Monthly

Please find enclosed a gift payment of \$ _____.

Make checks payable to:

Our History Matters Capital Campaign

Please **do not send** billing reminders unless I/we fall behind in payments.

4. Gift Payment Options

I/We will be paying by **check**. Please bill me as indicated in the Gift Payment Terms section.

I/We will be paying by ACH direct payment from my bank account.

For your security, please contact the Historical Society to provide banking information.
Call us at 815-777-9129

I/We will be paying by **credit card**. Please charge my card as indicated in the Payment Terms section.
For your security, please contact the Historical Society to provide your credit card information.
Call us at 815-777-9129

I/We wish to make a gift of stock, real estate, or other than cash or credit card. (You will be contacted for additional information.)

5. Public Acknowledgment

For acknowledgment and listing of my/our name as a contributor (without using amounts) to the **Our History Matters** Capital Campaign please list as indicated below. (Limit to 45 characters including spaces.)

Your Name(s) as you wish acknowledged: _____

Option for gifts over \$1,000 - Please include additional recognition below. (Limit to 45 characters including spaces.)

In memory of _____ In honor of _____

I/We wish our gift to remain anonymous. Please **do not publish** my/our name as a contributor.

6. Signature (Required. If multiple donors, both must sign.)

Date: _____

Thank you! Your donation will be recorded as designated to the **Our History Matters** Capital Campaign as directed by the Historical Society Board of Directors.