



Galena-Jo Daviess County  
HISTORICAL SOCIETY

## Pledge

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 5 years

Other \_\_\_\_\_

### 3. Gift Payment Terms

Payments will begin in the year:

2023     2024     2025

2026     2027     2028

Payments will begin the month of:

Select Month

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 Please **do not publish** my/our name as a contributor.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.