



**PLEDGE CARD
2016**

I/we wish to make a gift/pledge in the amount of \$_____ to support the American Writers Museum Foundation's campaign.

Please check the box(es) that apply:

- My/our one-time payment is enclosed.
- I/we will make payments monthly quarterly semi-annually annually by _____ beginning _____.
- My/Our pledge is payable over ___ years. Our initial gift of \$_____ is enclosed.
- Please contact me/us to discuss other giving options or possible naming opportunities
- I/we grant permission to use my/our commitment to encourage others to do likewise and/or to match any challenge gifts.

The following is the manner in which my/our name or the person I/we am/are honoring is authorized to appear on campaign recognition materials and on AWM donor listings published in online or printed reports:

Signature

Signature (please complete if you are pledging as a couple)

Date

Date

Name (s)

Address One

Address Two

City State Zip Email address

Phone Evening Phone Cell Phone Daytime

Questions should be directed to Catherine Ryan: ryan@americanwritersmuseum.org or call 312-374-8790.

Please mail completed form to

American Writers Museum Foundation: 180 N. Michigan Ave, Suite 505, Chicago, IL 60601