



PLEDGE FORM

I/we wish to make a gift/pledge in the amount of \$ _____ to the American Writers Museum

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. My/our initial gift of \$ _____ is enclosed.
- Please contact me/us to discuss other giving options or naming opportunities
- I/we grant permission to use my/our commitment to encourage other to give and/or to match any challenge gifts

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

Signature

Signature (please complete if pledging as a couple)

Date

Name(s)

Address

City

State

Zip

email address

Phone

Questions should be directed to Linda Dunlavy, Director of Development:

dunlavy@americanwritersmuseum.org/312-374-8762

Mail completed pledge form to:

American Writers Museum, 180 North Michigan Avenue, Suite 505, Chicago, IL 60601