

Elizabeth Morse Genius Charitable Trust Children's Garden Challenge Grant CAPITAL CAMPAIGN PLEDGE COMMITMENT

Pledge Date:			
Name(s):			
Business Name (if applicable):			
Address:	City:	State:	Zip:
Email Address:	Preferred Phone:		
GIFT/PLEDGE INFORMATION			
Full Pledge Amount \$:	Pledge begins:	_ / / and	d ends on / /
Payment Frequency: My/our gift wi	ll be paid over a	year period as	follows
☐ One-time gift ☐ Monthly	☐ Quarterly ☐ Semi-A	Annually \Box Ar	nnually 🗌 Custom
If custom pledge schedule p	lease specify:		
Please specify how you would you I/we wish to remain anonymous Preferred Recognition:	s ☐ My company or family	foundation will m	natch this gift
PAYMENT INFORMATION			
☐ Enclosed is my check for a tax-d	leductible gift made payable	to Garfield Park (Conservatory Alliance
☐ Please charge my credit card be	elow		
Type of credit card:	Visa 🔲 MasterCard	☐ Discover	☐ American Express
Credit card number:	Ex	xp. Date:	Security code:
Name on card:	Billing Zip code:		
Signature:	Date:		

Thank you for your contribution to the Garfield Park Conservatory Alliance to support the EMG Children's Garden renovation. Contributions to the Garfield Park Conservatory Alliance (Tax ID 36-42000490) are recognized as charitable contributions under section 501(c)(3) of the Internal Revenue Service and are 100% tax deductible. No benefits shall be received in exchange for this contribution. All contributions will be recognized in writing and complete any forms you may require. For questions, please contact Jen Van Valkenburg at ivanvalkenburg@garfieldpark.org or call 773-638-1766 x 12.