

EAGLE GROVE WELLNESS CENTER

PLEDGE CARD

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Total Donation Amount: \$ _____

5Over5 Campaign: \$1,000 Per Year for 5 Years - Total: \$5,000. (All pledges will be monthly withdrawals.)

Levels of Giving (please check one)

- Patron \$100,000 +
- Major Sponsor \$50,000 - \$99,999
- Sponsor \$20,000 - \$49,999
- Major Benefactor \$10,000-\$19,999
- Benefactor \$5,000-\$9,999
- Donor \$1,000-\$4,999
- Friend \$1-\$999

Leadership Naming Opportunities

- Weight Room \$75,000
- Basketball Court #1 \$50,000
- Basketball Court #2 \$50,000
- Multi-Purpose Room \$35,000
- Racquetball/Pickleball Court \$25,000
- 3-Lane Jogging Track \$20,000
- Batting/Golf Cage #1 \$15,000
- Batting/Golf Cage #2 \$15,000
- Foyer \$15,000
- Check-In/Reception \$15,000
- Concession Stand \$10,000
- Wrestling Mat #1 \$10,000
- Wrestling Mat #2 \$10,000

Should you choose to pledge your donation, please complete:

Pledge: \$ _____

- 1 Year
- 2 Years
- 3 Years
- 4 Years
- 5 Years
- One-Time Contribution
- Annual
- Quarterly
- Monthly

Please specify Leadership Naming Opportunity

All contributions will be tax deductible and should be made to:

Eagle Grove Parks and Recreation
C/O Eagle Grove Wellness Center
PO Box 165
Eagle Grove, IA 50533

Signature: _____ Date: _____

Please write exactly how you wish your recognition on the donor wall to be written:
