

EAGLE GROVE WELLNESS CENTER

PLEDGE CARD

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

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

Should you choose to pledge your donation, please fill out the information below.

Pledge: \$ \_\_\_\_\_

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

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:

\_\_\_\_\_