

OLMSTED VISION COUNCIL PLEDGE

Donor Information

Title _____ First _____ MI _____ Last _____ Birthday _____

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Mailing Address _____ Apt _____

City _____ State _____ ZIP _____

Cell _____ Email _____

Payment Method

\$ _____ per ☐ Year ☐ Quarter ☐ Month starting on: _____ for a total gift of \$ _____ to be paid

in full by _____.

☐ Check

☐ Credit Card – Call for Account Details

☐ Donor-Advised Fund

☐ QCD – Qualified Charitable Distribution

☐ Stock Transfer using _____ (shares) of _____ (symbol)

Please remind me: ☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly

I/we would like my/our gifts to support:

☐ A Bit Better Fund \$ _____ ☐ Education Fund \$ _____ ☐ El Retiro Fund \$ _____ ☐ Singing Tower Fund \$ _____

☐ Garden Fund \$ _____ ☐ Pine Ridge Preserve Fund \$ _____ ☐ Rare Plant Conservation Fund \$ _____

Please list my/our gift in the Annual Report as: _____

Donor Signature

Date

☐ I/We wish this gift to remain anonymous



1151 TOWER BOULEVARD | LAKE WALES, FLORIDA 33853 | 863-734-1213 | BOKTOWERGARDENS.ORG

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