***PLEDGE/DONATION FORM***

***WAUSA WALKING/BIKING TRAIL***

Donor’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Amount of your Pledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you would like your gift recognized:

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would prefer to remain anonymous: Yes No

Pledge/donations can be made payable to:

**Wausa Community Foundation**

**%**Wausa Community Trail, PO Box 179, Wausa, NE 68786

I/we understand that the Wausa Community Walking/Biking Trail is relying upon timely payment of this contribution to meet financial obligations and may be pledged to the Wausa Community Walking/Biking Trail to serve as collateral for any commitments including grant applications, loans or other needs to finance the project. I/we further understand that this agreement shall be interpreted under the laws of the State of Nebraska and that this contribution obligation is legally binding on me/us. The Wausa Community Foundation is a registered 501(C)(3) organization. Consult your tax preparer as to tax benefits.

Pledge/Donor Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_