

Donation Pledge Form



DONATION INFORMATION	
Please check all boxes that apply:	Contribution Levels
I/We wish to make a one time gift of \$ -OR-	\$1 to \$999 \$1,000 to \$2,499
I/We wish to make a total contribution of \$ paid over 4 yes. We request installment payments commence prior to December 31, 2011 or as soon as possible thereafter. This contribution is payable beginning on (select date between 9/14/11 and 12/31/11): And will be paid: Annually Semi-annually Quarterly. Bi-weekly or Monthly (only available for EFT gifts; please check the box below.) Please send me an Electronic Funds Transfer (EFT) form as I would like mautomatically deducted from my checking account. Automatic payments can be established for any installment frequency. My employer will match this gift. Company Name: (Please enclose a matching gift form or contact information from your Human Resources Departments.)	\$5,000 to \$9,999 \$10,000 to \$24,999 \$25,000 to \$49,999 \$50,000 to \$99,999 \$100,000 to \$249,999 \$250,000 to \$499,999 \$500,000 to \$999,999 \$1,000,000 or more
Please contact me regarding a transfer of non-cash assets to Mustang Foundation, Inc. DONOR INFORMATION Print name(s):	
Full Address:	
Telephone:	
Email address:	
DONOR RECOGNITION All contributions of \$1,000 or more will be included in a public display located wit Contributions will be recognized as per your instructions below. Please select ONE Please list my/our name(s) as: I prefer to remain anonymous. Please do not publish my name as a donor.	E box and print clearly.
This contribution is in honor of:	
This contribution is in memory of:	
DONOR SIGNATURE Signature (required): Date:	

Please return completed form and make contributions payable to:

Mustang Foundation, Inc.

c/o Rob Robinson PO Box 229 Independence, Iowa 50644

Contact Number: 319.334.7181