MUSTANG WAY PARK DONATION PLEDGE FORM

Donation Information Please check all boxes that apply	
	I/We wish to make a one time gift of \$
(Ple	My employer will match this gift. npany Name: ase enclose a matching gift form or contact rmation for your Human Resource Department.)
□ non	Please contact me regarding a transfer of -cash assets to Mustang Foundation, Inc.
Donor Information Print Name(s): Full Address: Telephone: Email Address:	
Donor Recognition All contributions of \$250 or more will be included on a public display at Mustang Way Park. Contributions will be recognized as per your instructions below. Please select ONE box and print clearly.	
	Please list my/our name(s) as:
	I prefer to remain anonymous. Please do not publish my name as a donor.
	This donation is made in honor of:
	This donation is in memory of:

Please return the completed form and make donations payable to:

Mustang Foundation, Inc. c/o Rob Robinson P.O. Box 229 Independence, IA 50644

Thank You!

Thank you for your commitment to the Independence Community School District! Your contribution to the Mustang Foundation, Inc., a 501(c)(3) public charity, is tax deductible to the extent provided by law.

