

Pledge Form

I support an indoor swimming pool facility at the new Cedar Falls High School and wish to make the following gift (payable to Cedar Falls Schools Foundation):

One-time gift in the amount of \$	
Three-year pledge in the total an	nount of \$
Five-year pledge in the total amo	ount of \$
Other \$	
If making a multi-year pledge:	
Total Pledge: \$ Pledge	Payment Amount: \$
Frequency of payment: Annually	Semi-Annually Quarterly Monthly
Donor Information:	
Name:	Date:
Address:	City, State, Zip:
Phone:	Email:
What is your connection to swimm	ing?
	AST) Cedar Falls High School Swimming and Diving
-	l be recognized on the donor wall in one of the following ways:
I would like my recognition to be I would like my gift to remain and	listed on the donor wall as:
OPTIONAL SELECTIONS:	
Gift Designation (please check u	
	e in honor of Coach Marcussen.
i would like my gift to be mad	e in honor of BLAST friends and family.
Desired Naming Opportunity (se	ıbject to availability):
My gift will be matched by:	(Company Name) Matching form enclosed
Please return this pledge form via e	email to <u>foundation@cfschools.org</u> or by mail to:
Cedar Falls Schools Foundation	
602 Main Street	
Cedar Falls, IA 50613	



Cedar Falls Schools Foundation is a 501(c)(3) tax exempt organization and gifts may be deductible by law. THANK YOU FOR YOUR SUPPORT!