

COMMUNITY *In Motion*

A Shiremanstown Borough and the Historical Society Partnership

REVITALIZE • PLAY • CONNECT

Date: _____

I/We wish to commit a total Capital Campaign Pledge or Gift of \$ _____

Please make checks payable to **SHS-PARK**. Donations may be submitted to:
Shiremanstown Historical Society, P.O. Box 3054, Shiremanstown, PA 17011.

*All capital campaign contributions of \$5,000 or more will be recognized on a permanent display at Shiremanstown's Memorial Park.

Contact Information:

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Capital Campaign Pledge Options (please check all that apply):

- Contribution of \$ _____ is enclosed.
- I/We wish to be billed for: The full pledge Portion of the pledge \$ _____
- I/We wish to pay our pledge over a period of: 1 year 2 years 3 years
- I/We wish to be billed: _____ Quarterly (January, April, July and October)
_____ Semi-annually (January and July)
_____ Annually
- I/We wish to begin our pledge: _____ (fill in month _____ (fill in year)



Credit card donations can be made by scanning the QR code.

*Donations are tax deductible.

- You may publish my/our name(s) as donor(s) to the campaign. I/We would like my/our name(s) listed as the following: _____

Signature _____