PLEDGE OF INTENT TO SUPPORT

the National Mississippi River Museum & Aquarium



DONOR NAME (S) OR ORGANIZATION CONTACT NAME:					
TELEPHONE: ()	EM				
EMAIL:					
		STATE: ZIP:			
SIGNATURE(S):		DATE:			
		DATE:			

DONATION/PLEDGE INFORMATION

I/We pledge a TOTAL campaign.	of \$	to the National Miss	sissippi River	· Museum & A	quarium capital	
FOR MULTI-PAYMENT OR MU The remainder of this contributed:		IENTS vill be fulfilled with paym	nents of \$,	which will be	
ANNUALLY (IN	MONTH)	🗅 SEMI-ANNUALLY (IN	AND	MONTHS)	MONTHLY	
FOR THE FOLLOWING YEARS:						
🗆 1 YEAR 🔲 2 YEARS	🗆 3 YEARS					

RECOGNITION INFORMATION

Individual name(s) or organization name to be listed for gift recognition as I want them to appear o	n
the digital donor wall:	

I/WE WOULD LIKE OUR GIFT TO REMAIN ANONYMOUS
MY GIFT IS:
□ IN HONOR OF
IN MEMORY OF
I WOULD LIKE TO BE CONTACTED ABOUT NAMING OPPORTUNITIES. There are a variety of naming opportunities throughout our campus that are available for varying gift levels.

Enclosed please find \$ (MAKE CHECKS PAYABLE TO NMRMA OR DCHS)				
Please charge my credit card:				
CREDIT CARD TYPE: EXP. DATE: CREDIT CARD #:				
CVV/CSV#: AUTHORIZED SIGNATURE:				
Please contact us about tax-smart giving options, including Qualified Charitable Distributions from my IRA, as well as donations of stocks, cryptocurrency, and/or grants from your donor- advised fund.				
For multi-year commitments, pledge reminders will be sent in the month indicated above.				

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