

Italian-American
CULTURAL CENTER OF IOWA
P.O. BOX 4994
DES MOINES IA 50305



STATEMENT OF GIFT INTENT

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

YES! I/WE WISH TO SUPPORT THE ITALIAN-AMERICAN CULTURAL CENTER WITH A PLEDGE:

IN THE AMOUNT OF: _____ OVER: ☐ 1 ☐ 3 ☐ 5 YEARS

PLEASE ACCEPT OUR INITIAL PAYMENT OF: _____

WITH A REMAINING PLEDGE BALANCE OF: _____

PLEASE DESIGNATE MY DONATION AS SUPPORT FOR: _____

NAME TO APPEAR ON DONOR NAMEPLATE: _____

FULFILLMENT OPTIONS:

☐ ENCLOSED IS MY CHECK IN THE AMOUNT OF: _____

☐ PLEASE CHARGE MY/OUR CARD LISTED
BELOW IN THE AMOUNT OF: _____

CARD NUMBER: _____ EXP: _____ CCV: _____

☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

☐ I WOULD LIKE TO SET UP A RECURRING PAYMENT FROM MY BANK (AN ITALIAN-AMERICAN CULTURAL CENTER REPRESENTATIVE WILL CONTACT YOU REGARDING YOUR ACCOUNT INFORMATION)

☐ I/WE WISH TO GIFT STOCK/SECURITIES: NO. OF SHARES: _____

NAME TICKER: _____

(STOCK TRANSFER INSTRUCTIONS ARE AVAILABLE UPON REQUEST FOR YOU OR YOUR BROKER)

☐ I/WE RECOMMEND A GRANT FROM MY/OUR
DONOR ADVISED FUND. FUND NAME: _____

☐ \$ _____ OF THIS PLEDGE WILL BE PAID BY A MATCHING GIFT PROGRAM AT

DONOR(S) SIGNATURE(S): _____ DATE: _____

THANK YOU FOR YOUR SUPPORT OF THE ITALIAN-AMERICAN CULTURAL CENTER!