

ALL ABILITIES TRANE PARK PROJECT PLEDGE CONFIRMATION

ALL ABILITIES
TRANE PARK
PROJECT

I/we are committed to supporting the All Abilities Trane Park Project!

DONOR INFORMATION

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

GIFT/PLEDGE INFORMATION

All contributions of \$500 or more will be recognized on a donor wall at the park entrance.

Total Gift Amount: \$_____

GIVING/PAYMENT SCHEDULE

___ This is a one-time gift, paid via:

- ___ Enclosed check written payable to *All Abilities Trane Park Fund*
- ___ Credit Card - Please visit www.tranepark.com/donate.php to enter information
- ___ Stock - Call 608-782-3223 to get specific delivery directions
- ___ IRA Charitable Rollover Gift which I've directed to the Foundation

___ This gift will be paid in installments of \$_____ over a period of _____ years (3 years maximum)
to be paid in _____ (month).

- ___ Please send pledge payment reminders a month in advance
- ___ Pledge payment reminders will not be necessary

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RECOGNITION PREFERENCES

___ I/we would like to be recognized in this way: _____

___ I/we would like to remain anonymous.

Thank you for being an All Abilities contributor!

Signature: _____

Date: _____

Signature: _____

Date: _____

All gifts to the All Abilities Trane Park Project are tax deductible. The All Abilities Trane Park Fund at La Crosse Community Foundation is serving as the project's fiscal sponsor and will accept and receipt all gifts/pledges. EIN #39-6037996.

CONTACT INFORMATION

All Abilities Trane Park Fund
La Crosse Community Foundation
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La Crosse, WI 54601

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