Friends of Lakeshore State Park
Visitor and Education Center Campaign

Gift Commitment Form

CONTRIBUTION INFORMATION:

I/We _____ am/are pleased to contribute to Friends of Lakeshore

State Park's Visitor and Education Center Campaign in the amount of $ _____ for the following designation(s):

Capital: $ _____

Endowment: $ _____

TOTAL GIFT: $ _____

◯ My/Our one-time payment is enclosed.   ◯ My/our first payment of $ _____ is enclosed.

◯ Pledge: I/ We will fulfill this pledge over ___ years via the following payment schedule:

$_____   Year _____   Month _____

$_____   Year _____   Month _____

$_____   Year _____   Month _____

Please send pledge reminders: ◯ Annually   ◯ Quarterly

PAYMENT INFORMATION

Friends of Lakeshore State Park, Wisconsin Department of Natural Resources

500 N. Harbor Dr. Milwaukee, WI 53202

admin.asst@friendslsp.org

◯ Please charge my/our credit card: (MC/Visa/Discover)

_____   Exp _____ / _____   Security # _____

◯ I/We will be transferring stock in the amount of: _____

MATCHING GIFT INFORMATION:

☐ My/Our employer will match our gift.

Company Name _____

RECOGNITION OPPORTUNITIES

☐ In Friends of Lakeshore State Park's campaign publications, please list my/our name(s) as follows:

_____

☐ My/Our gift is anonymous

☐ My/Our gift is in memory/honor of _____

☐ I/We would like to discuss recognition opportunities.

Campaign recognition opportunities are for a minimum of fifteen years. When the time comes to update recognition opportunities, current donors will be given the first opportunity to sustain their support at the level that is appropriate at that future time.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Contributions are tax deductible as provided by law. EIN 20-2742766.
Please make checks payable to Friends of Lakeshore State Park.

*Please note that if you are interested in fulfilling your commitment through a Donor Advised Fund, we ask that you complete our Donor Gift Intention form, which can be requested at admin.asst@friendslsp.org.