

2017 COMMERCE SQUARE CAPITAL CAMPAIGN

THE CAMPAIGN FOR THE BOISE METRO CHAMBER FOUNDATION

CAPITAL CAMPAIGN PLEDGE FORM

Donor(s): _____
 Address: _____
 City, State, Zip: _____
 Business Phone: _____ Cell Phone: _____
 Email: _____

By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge the Boise Metro Chamber Foundation accepts and will act in reliance upon to begin the building project and programs supported by the Commerce Square Capital Campaign. I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Idaho. The Boise Metro Chamber Foundation is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Foundation's federal tax identification number is 82-0394103. Donations are tax-deductible to the extent allowed by law.

Yes! I believe in the mission of **Boise Metro Chamber Foundation** and want to support the **Commerce Square Campaign**.

Donor Signature: _____
 Date: ___/___/___
 Donor Signature: _____
 Date: ___/___/___

<p>TERMS OF PLEDGE</p> <p>Total Amount of Pledge: \$ _____</p> <p>Pledge to be paid as follows:</p> <p><input type="checkbox"/> I am supporting this campaign today with the gift of: \$ _____</p> <p><input type="checkbox"/> Single year payment of pledge: \$ _____ Beginning on (date): ___/___/___</p> <p><input type="checkbox"/> Multiple year payment of pledge: \$ _____ Beginning on (date): ___/___/___</p> <p>To be paid over (yrs.):</p> <p><input type="checkbox"/> Two <input type="checkbox"/> Three</p> <p>Please bill me:</p> <p><input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p>	<p>METHOD OF PAYMENT(S)</p> <p>Check payable to:</p> <p>Boise Metro Chamber Foundation</p> <p>Please charge my (circle one):</p> <p>Visa MC AmEx Discover</p> <p>Credit Card Number: _____</p> <p>Exp. Date: _____</p> <p>Security Code: _____</p> <p>Name on card: _____</p>
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PUBLIC RECOGNITION

The Boise Metro Chamber Foundation may publicly acknowledge my commitment

Yes No

This gift commitment is made in honor/memory of:

Please send notification of my honorary/memorial gift to:

Name: _____

Address: _____

City, State, Zip: _____

Special Instructions: _____



Thank you for your charitable contribution.