

New Larchwood Community Center Pledge Donation Form

_____ Yes, I / We want to support the New Larchwood Community Center With My Tax-Deductible Donation

Amount of Gift: \$ _____

Initial Payment: \$ _____

Balance: \$ _____



I / We prefer to pay the balance over 3 years as follows:

Please Select One:

_____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

Beginning on (month, date, year) _____

Please make checks payable to: Larchwood Community Group



**Mail Completed Form
and Donation to:**

Larchwood Community Group
P.O. Box 214
Larchwood, IA 51241

OR



**Drop Off
Completed Form
and Donation at:**

Larchwood City Office or
Security Savings Bank

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Donor Signature: _____ Date: _____

Thank You for your incredibly generous contribution towards the new Larchwood Community Center. Your donation will enable us to acquire the necessary spaces and the construction of the building

Contributions Made At The Metal Levels Below May Be Recognized On The Donor Wall

Bronze (\$1,000)

Silver (\$2,500)

Gold (\$5,000)

Platinum (\$10,000+)

Please Check One:

I would like my contribution to remain anonymous

I would like to be recognized on the donor wall for my contribution

Name(s): _____

(As you would like it displayed on the donor wall)

(PLEASE PRINT CLEARLY)

or In Memory / Honor Of: _____

(Circle one)

(PLEASE PRINT CLEARLY)