

Newell Pool Project

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Donation Acknowledgement Information

Please use the following name(s) in all donation acknowledgements:

Pledge/Donation Information

Type: Monetary In-kind (see below)

I (we) pledge to donate a total of \$_____ to be paid as follows:

Full Amount Now \$_____ Monthly, for _____ months.

\$_____ Quarterly, for _____ quarters.

\$_____ Yearly, for _____ years.

Payment Method: cash check other, describe _____

Our gift will be matched by (company/family/foundation)

_____ for _____ of the amount.

For In-kind donations, please describe _____

Signature(s): _____

Date _____

I (we) wish to have our gift remain anonymous

Please make checks, corporate matches, or other gifts payable to:

Newell City Hall
PO BOX 315
Newell, Iowa 50568

Thank you for your donation!