

Waterfront Botanical Gardens Pledge Form



DONOR INFORMATION *(Please type or print)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

DONOR RECOGNITION  
*(Donors will be recognized in Campaign materials unless anonymous gift is requested)*

Please use the following name(s) in acknowledgements: \_\_\_\_\_  
\_\_\_\_\_

I (we) wish to remain anonymous

PLEDGE INFORMATION

I (we) hereby pledge to contribute cash and/or assets to Botanica, Inc., **Waterfront Botanical Gardens**, in amount(s) as follows:

\$ \_\_\_\_\_, 2018  
(month/day)  
\$ \_\_\_\_\_, 2019  
(month/day)  
\$ \_\_\_\_\_, 2020  
(month/day)

RECURRING GIFTS

Charge my credit card  monthly  quarterly  annually beginning \_\_\_\_\_  
Amount \$ \_\_\_\_\_ for \_\_\_\_\_ (# of payments)

PAYMENT INFORMATION

I (we) plan to make my (our) contribution in the form of:

cash  check  charge  stock  property  other \_\_\_\_\_

Please charge my Credit Card:  VISA  Mastercard  Discover  American Express

Credit Card Number \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_ (MM/YY)

Authorized Credit Card Signature \_\_\_\_\_

My gift will be matched by \_\_\_\_\_ (Company/Foundation/Family)

Pledges and donations can be mailed to:  
Waterfront Botanical Gardens PO Box 5056, Louisville, KY 40255  
Botanica, Inc. is a 501(c)3 non-profit organization. All donations are tax deductible as provided by law.  
Federal Tax ID 61-61-1297238.

*Thank you for your gift!*