

**All Aboard!**

**Help Bring The History of Kalona To Life!**

**Streetscape Fundraising Campaign**

**Yes, I want to help bring Kalona’s history to life**

**Donation/Pledges are tax deductible.**

**Donation/Pledge over $500 will be acknowledged on a donor board**.

Donor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company/Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_Zip:\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please recognize me as:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remain anonymous:\_\_\_\_\_\_\_\_\_

**Payment Information:**

Total Donation/Pledge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of first payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My check of $\_\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed (Please make check payable to Kalona Historical Society – 715 D Ave Kalona, IA 52247)

My pledge will be paid in \_\_\_\_\_\_\_\_\_\_\_\_payments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years: 2\_\_\_ 3\_\_\_\_4\_\_\_\_

Please charge my credit card\_\_\_\_\_\_\_\_One time\_\_\_\_\_\_\_\_\_Annually

Visa\_\_\_\_\_\_Master Card\_\_\_\_\_\_\_Discover Card\_\_\_\_\_\_\_\_American Express\_\_\_\_\_\_\_\_

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional gift opportunities:**

In Memory of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estate Gift/personal property\_\_\_\_\_\_\_\_

In Honor of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IRA/401k\_\_\_\_\_\_\_\_\_\_\_\_\_

Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_