

Pledge to Holstein Aquatic Center

Donation Form/ Letter of Commitment

Donor / Company Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (W) _____ (H) _____ (C) _____

Pledge Information

I (we) pledge a total of: \$_____ in support of the Holstein Aquatic Center Project.

I (we) wish to spread the donation over 1 2 years starting ___ / ___ (mo/yr)

Please specify the amount per year. 1 - \$_____ 2 - \$_____

We ask that all pledges be paid by June 1, 2022

I (we) plan to make a one-time contribution of \$_____

Signature

Date

Please print your name as you would like it to appear on recognitions and/or publications:

I would like my gift to be anonymous _____

Make checks payable to:

City of Holstein

PO Box 500

Holstein, IA 51025

Donations are tax deductible to the extent allowed by law. Tax receipts will be issued.
Questions regarding contributions should be referred to your tax advisor.

For additional information contact:

Theresa Pudenz

712-3684898

administrator@holsteiniowa.org