

# Pledge Card

## I/WE SUPPORT THE GOALS OF THE SM LEGACY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ SMHS Class of \_\_\_\_\_

Email: \_\_\_\_\_

Enclosed please find a tax-deductible gift to **The SM Legacy**: \$ \_\_\_\_\_

I/We intend to fulfill a pledge of \$ \_\_\_\_\_ to support **The SM Legacy**,  
with the first payment to be made on \_\_\_\_\_, 20\_\_\_\_.

Payable by: \_\_\_Check made payable to The SM Legacy, Inc.  
\_\_\_Cash

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Pledge \_\_\_\_\_ Amount Paid \_\_\_\_\_ Balance \_\_\_\_\_

My employer has a matching gift program. Employer name and phone number:  
\_\_\_\_\_

Please contact me about how I can help.

Please contact me about targeted donations or naming rights opportunities.

### Recognition options:

Yes \_\_\_\_\_ No \_\_\_\_\_ I hereby give permission to have my gift publicly acknowledged.

Yes \_\_\_\_\_ No \_\_\_\_\_ I hereby give permission for recognition of my gift within the building.

Yes \_\_\_\_\_ No \_\_\_\_\_ I wish to have my gift remain anonymous.

Mail to: **The SM Legacy**  
901 15<sup>th</sup> Avenue  
South Milwaukee, WI 53172

Contact us at: 414-766-5011

Visit our website: [www.smlegacy.org](http://www.smlegacy.org)