



JCLC partners with businesses, organizations, professionals and volunteers to address and facilitate personal independence and an active civic and social engagement for Johnson County senior residents.

### Please Mail Your Contribution to:

Community Foundation of Johnson County  
 325 E. Washington St.  
 Iowa City, IA 52240  
[www.communityfoundationofjohnsoncounty.org](http://www.communityfoundationofjohnsoncounty.org)  
 319.337.0483

*Please make checks, corporate matches, or other gifts payable to the Community Foundation of Johnson County.*

Or pledge online at:  
[www.LivableCommunity.org](http://www.LivableCommunity.org)

# Pledge Form

## Help facilitate opportunities for successful aging!

I/we agree to pledge a total of \$\_\_\_\_\_ to the Johnson County Livable Community

ENDOWMENT FUND

or

CHARITABLE GIVING FUND

*The Charitable Giving Fund helps with ongoing expenses. The Endowment Fund builds long-term viability of the organization and is eligible for a 25% Endowment Iowa Tax Credit. Both funds are tax-deductible and through the Community Foundation of Johnson County.*

PLEDGE IS ENCLOSED

PLEDGE WILL BE PAID in equal installments of \$\_\_\_\_\_

which will be paid:  Monthly  Quarterly  Annually  
 over a period of:  1 year  2 years  3 years  4 years  5 years  
 to begin payments on: \_\_\_\_\_ (month/day/year) and request  
 reminder notices:  Monthly  Quarterly  Annually  None

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please print your name(s) as you wish to be acknowledged:* \_\_\_\_\_

Check here if you wish to remain anonymous

Street Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### NAMED GIFTS

\$50,000  \$25,000  \$10,000

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

### PAYMENT METHOD

CHECK (payable to Community Foundation of Johnson County)

CREDIT CARD (circle one: Discover | MasterCard | Visa)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

### AUTOMATIC DEDUCTION FROM CHECKING ACCOUNT

*I authorize the Community Foundation of Johnson County to charge my credit card or debit my checking account on a recurring basis for the amount stated above. Please include a voided check.*

Bank routing number \_\_\_\_\_

Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### COMPANY MATCH.

Gift will be matched by \_\_\_\_\_  
 (company/family/foundation)

Form enclosed  Form will be forwarded

### COMMEMORATIVE GIFT NOTIFICATION

This pledge is:  in memory of  in honor of

Name \_\_\_\_\_

Address/CityStateZIP \_\_\_\_\_

# THANK YOU for your support!