



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
 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

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!