

# Encore Society Pledge Form

In order to be recognized as a member of the Encore Society a cash gift or irrevocable donation of at least \$5,000 must be made/pledged to the Schauer's Endowment Fund.

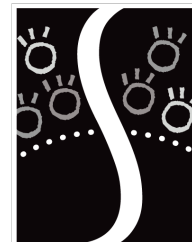
Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



**SCHAUER**  
ARTS CENTER

**Please complete and mail form to**  
Schauer Arts Center  
147 N. Rural Street  
Hartford, WI 53027

**I plan to fulfill this pledge with the gift(s) in the following way:**

- \_\_\_\_\_ One-time contribution of the full pledge
- \_\_\_\_\_ Multi-Year contribution  
(Initial Gift of \_\_\_\_\_ with balance payable over \_\_\_\_\_ months/years)
- \_\_\_\_\_ Planned Gift *(please select from the options below)*

Type of donation/pledge <i>(if able, please attach appropriate documentation)</i>	Amount or % to Schauer Center
<input type="checkbox"/> Will	
<input type="checkbox"/> Living Trust	
<input type="checkbox"/> Charitable Remainder Trust	
<input type="checkbox"/> Life Insurance	
<input type="checkbox"/> IRA/401(k)	
<input type="checkbox"/> Other	

The exact amount will not be known until the estate is finally settled. However I/we believe a conservative estimate of \$\_\_\_\_\_ can be added to the expectancy goals of the Schauer Center Encore Society.

**Select Payment Method**

- Check**
  - Automatic Deduction**  
*I would like my pledge automatically deducted from my checking account. Please include a voided check with your completed pledge form.*
  - Credit Card**    Visa    MasterCard    Discover
- CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

**I would like to be recognized**    As written above    Anonymously  
Please provide name(s) as you would like to be recognized in print, if different from above.

\_\_\_\_\_

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

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

Gift Developer \_\_\_\_\_ Date \_\_\_\_\_

**Questions?**  
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