

I (we) intent to pledge the following in support of the Leander Chamber Campaign:

Full Pledge Amount

Number of Years to Fulfill (Donor Wall: Max 3)

Pledge Amount (Naming Opportunity: Max 5)

Recognition

☐

Donor Wall

☐

Business Inc

☐

Networking Cafe

☐

Coworking Space

☐

Coffee Bar

☐

Meeting Room A

☐

Porch

☐

Outdoor Mural

Paid: ☐ Annually ☐ Quarterly ☐ Monthly

Payment Method: ☐ Check ☐ ACH ☐ Credit Card

Full Name

E-Mail

Address

Phone

Text Recognition

Please print exactly how you would like your gift to be recognized.

Examples: Frost Bank

Molly Smith & Jared Allen

In Memory of Molly Smith

Community Foundation

The Family of Molly Smith

In Honor of Molly Smith

Signature

Date

 2 0

Questions: Email foundation@leandercc.org

Your gift will be publicly recognized when 20% of your pledge has been fulfilled and your donation has been approved by the Chamber Foundation and accepted by the Chamber Board of Directors.

