

The Garden of
Tomorrow

Pledge Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

CAMPAIGN SUPPORT

- I (We) intend to make a gift of \$_____ to be paid over ____ year(s)
- NBG may charge my credit card annually in the amount of \$_____ On ____/____/20____
- NBG may charge my credit card monthly until the pledge is fulfilled beginning on ____/____/20____
____VISA ____Mastercard ____American Express ____Discover

Card # _____ Exp. Date: _____ CVV: _____

- I will make a gift of stock in the amount of \$_____ beginning ____/____/20____
- I will send a check monthly/annually in the amount of \$_____ beginning ____/____/20____
- I would like to discuss including Norfolk Botanical Garden in my estate plans.
- My/my spouse's company will match this gift: Yes ____ No ____

Name of company (if applicable): _____

Please indicate how you would like to be recognized on our contributor's list:

Signature _____ **Date** _____

Thank you for your support. For more information questions regarding gifts of stock, please contact cathy.fitzgerald@nbgs.org or (757) 441-5830 x 319.