

## Trail Hub Charitable Contribution Agreement Pledge Form

Name:		
Address:		
		Zip:
Telephone Number:		Email:
Cell Phone Number:		
Please indicate:	☐ Credit	Card Other:
Credit Card Available, please contact sta	aff. Paying by ch	heck ensures 100% of the donation stays with FWT.
	each.	enter into this charitable contribution agreement, this Wayne Trails, Inc. the sum of \$ over ally Quarterly Monthly
	<del></del>	Trail Hub
at the donor ben	efit level.	
	and Last name O	Precognized on the public plaque and in print items:  OR In memory/honor of)
I would prefer to remain anonymo	us: res	, 100
**Fort Wayne Trails, Inc. is a 501(c)(3) n	on-profit organiz	zation . All gifts are tax deductible to the extent of the law.
financial obligations and to complete the further understand that this agreement sh contribution obligation is legally binding the right to use this and all gifts for generation.	e financial needs hall be interprete gon me/us and neral needs include of my gift will	apon timely payment of this contribution to meet so of the priority trail projects being funded. I/we ed under the laws of the State of Indiana and that this my/ our estate(s). Fort Wayne Trails, Inc. reserves ling capital construction, endowment, and operating be put into a maintenance fund for the care of Trail
Donor Signature:		Date: