



Legacy Bench Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Cell Phone Number: _____

Please Indicate: Check Credit Card Other: _____

Credit Card Available. Please contact staff. Paying by check ensures 100% of the donation stays with FWT.

To support Fort Wayne Trails, Inc, I/we the undersigned donor(s), enter into this charitable contribution agreement, this _____ day of _____ 20____ to contribute to Fort Wayne Trails, Inc. the sum of \$ _____ over _____ year(s). In installments of \$ _____ each.

This gift is to paid: Single Payment Annually Quarterly Monthly

I/we would like our gift to be recognized at the _____ bench,
located at _____

Please indicate how you would like your gift recognized on the bench plaque:

(First and Last name OR In Memory/Honor of)

I would prefer to remain anonymous: Yes No

***Fort Wayne Trails, Inc. is a 501(c)(3) non-profit organization. All gifts are tax deductible to the extend of the law.*

* *I/we understand that Fort Wayne Trails, Inc. is relying upon timely payment of this contribution to meet financial obligations and to complete the financial needs of the priority trail projects being funded. I/we further understand that this agreement shall be interpreted under the laws of the State of Indiana and that this contribution obligation is legally binding on me/us and my/ our estate(s). Fort Wayne Trails, Inc. reserves the right to use this and all gifts for general needs including capital construction, endowment, and operating expenses. Should the full amount of the donation not be paid within two years, FWT will communicate with the donor for a resolution. Should a resolution not be reached, the plaque will be removed and the bench will be offered to another donor.*

Donor Signature: _____ Date: _____

Please make gifts payable to:
Fort Wayne Trails, Inc. 300 East Main Street, Fort Wayne IN 46802