

cleveland bangarian beritage society p.o. box 24134 cleveland, obio 44124 (216) 523-3900

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NEW BEGINNING CAMPAIGN - CONTRIBUTION PLEDGE FORM

Date:	
Tel:	Email Address:
City: _	State:Zip:
Addres	ss:
Name(s	s) (Please print):
7.	This pledge is binding upon my (our) trust(s) and probate estate(s).
6.	In honor or memory of
5.	My gift is anonymous Yes No My (Our) name(s) for public recognition:
4.	My employer matches this gift Form enclosed I will furnish form.
	Make checks payable to Cleveland Hungarian Heritage Society and mail it in the enclosed return envelope or to CHHS, Box 24134, Cleveland, OH 44124.
	in securities (Ask solicitor for more information.) Card No Exp. Date/_ Issuer
3.	To be paid: by check credit card or credit card or in converting (Ask calletter for more information)
2.	Payable: in full on20 or in installments of \$ starting on20 due annually semi-annually
1.	To be: added to the Endowment all or part \$ used to pay annual expenses all or part \$
and its conside	Museum, the "Heartbeat of Hungarian Culture in Northeastern Ohio". Therefore, in tration of the gifts of others, I hereby pledge to contribute to the Cleveland Hungarian e Society a total of \$, payable and to be applied as stated below:

Cleveland Hungarian Heritage Society is a 501(c)(3) tax exempt organization. Contributions are tax deductible, as provided by law. Please direct questions to **Theodore Horvath**, 216-751-7879.

clevelandi maggar történelmi társalat

E-Mail: museum@clevelandhungarianmuseum.org Webpage: www.clevelandhungarianmuseum.org



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Directions for Filling Out Your Contribution Pledge Form

Note: Please fill out the Pledge Form, sign it and mail it in the enclosed return envelope or to CHHS, Box 24134, Cleveland, OH 44124.

Item

- 1. Designate how much of your pledged amount you want to be:
 - **a.** Put in the endowment (where it will be invested and the income and gains will be used to pay operating bills); and/or
 - **b.** Used to pay operating bills.
- 2. Designate whether you want to pay your pledged amount in full or in annual or semiannual installments. We encourage you to make a commitment for at least 5 years to give the Museum the stability of annual contributions.
- **3.** Designate how you will pay your pledged amounts.
- **4.** If your employer matches your charitable gifts, please include the Museum in your employer's program.
- **5.** Tell us whether your gift is anonymous; and if not, tell us of any special way you want your name to be published.
- **6.** Tell us whether your gift is in honor or memory of someone.
- 7. If misfortune befalls you, we would like those who come after you to carry out your pledge insofar as they are able to do so.

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