



Endowment

Trust

Pledge Card

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Email: _____

Signature: _____

Date: _____

In consideration of the gifts and pledges of others, I/We pledge to the Friends of Historic Boonville Endowment Fund:

A total gift of \$ _____ Start Date: _____

To be paid: one time: _____; 3 yrs: _____

5 yrs _____; Other _____

Please bill me:

Annually Semi-Annually Quarterly

Monthly Bank draft

Credit Card # _____

Exp Date: _____

Please make checks payable to FOHB Endowment Trust
PO Box 204 Boonville, MO 65233

All donations are tax deductible. Financial information about this organization and a copy of its license are available at the Friends of Historic Boonville office at 617 E Morgan Street.