



# 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.