

Mount Vernon Hotel Museum & Garden Anniversaries Campaign

Multi-Year Pledge Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone number:  
\_\_\_\_\_

In honor of/in memoriam (optional):  
\_\_\_\_\_

Would you like for honoree/honoree's family to be notified? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide contact information:  
\_\_\_\_\_  
\_\_\_\_\_

Pledge

Please designate in the notes section of your order a giving category:

- General Operating and Capital Improvements \_\_\_\_\_
- Education and Scholarship \_\_\_\_\_
- Museum Operating and Capital Improvements \_\_\_\_\_
- Garden and Grounds \_\_\_\_\_

Total Pledge Amount: \$ \_\_\_\_\_

Date of Initial Pledge: \_\_\_\_\_

Planned installment amounts:  
\_\_\_\_\_

Pledge payment plan (frequency and expected dates of payment)  
\_\_\_\_\_  
\_\_\_\_\_

Planned Payment Method: Check: \_\_\_\_\_ Online: \_\_\_\_\_ Other: \_\_\_\_\_

Payment Method Details:  
\_\_\_\_\_