## GIFT & PLEDGE FORM

Donor Information (to be completed by donor) Donor/Business Name: Contact (if a Business): City: State: Zip: Phone: Email: To Support Crescent Cove, I/we hereby gift or pledge the sum of: \$ This gift is to be used for: ☐ Unrestricted ☐ Restricted to \_\_\_\_\_ Payment Schedule and Preferences: My/our gift promise will be fulfilled in the manner outlined below. Please make gifts payable or transferrable to Crescent Cove. Gift Type Payment Schedule ☐ Outright gift (cash, securities) ☐ Immediate full payment ☐ Full payment on: \_\_\_\_\_ (date) ☐ IRA Charitable Distribution with installments as follows: ☐ Will/Trust (planned gifts) □ Deferred Gift #1: \$\_\_\_\_\_ on \_\_\_\_ (date) #2: \$\_\_\_\_\_ on \_\_\_\_ (date) #3: \$\_\_\_\_\_ on \_\_\_\_ (date) #4: \$\_\_\_\_\_ on \_\_\_\_ (date) Recognition You will be acknowledged in recognition of your generous gift. Please list how you would like to be recognized: ☐ I/we wish to remain anonymous. Please do not include my/our name(s) in any recognition materials. Acknowledgement: It is Donor's intention that this Pledge Agreement be legally binding on Donor. If there is

It is Donor's intention that this Pledge Agreement be legally binding on Donor. If there is more than one Donor, the Donors have joint and several liabilities for their pledge. If the Donor should die before Donor's gift is fully paid, the Donor's estate will be responsible for fulfilling Donor's obligations under this Pledge Agreement. Donor expects and acknowledges that Crescent Cove and other donors to Crescent Cove will act in reliance on this pledge.

Signature: Date:

Questions? Contact Tara Anderson at tara.anderson@crescentcove.org or at 952-426-4711 x4. Crescent Cove is a Minnesota non-profit organization recognized by the IRS as a 501(c)(3) public charity (ID # 27-1035515). One hundred percent of all donations will be used for the programs and services of CC. All donations are tax deductible to the extent permitted by law.