

Operation Conservation Contribution Pledge Form

CONTRIBUTOR INFORMATION

Date: _____
Last Name: _____, First Name(s): _____
Street Address: _____
City: _____ State _____ Zip _____
Telephone Numbers: Home (_____) _____ Work (_____) _____
E-mail Address: _____
_____ *I would prefer that this contribution and/or my name be kept confidential. Thanks!*

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$100,000 \$50,000 \$25,000 \$10,000 \$5,000 \$2,500 Other: \$ _____

MULTI-YEAR PLEDGE:

Amount: \$ _____ Over: 2 Years 3 Years 5 Years

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every: Month Quarter Year, amounting to a Total of \$ _____

MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

Please enclose a signed Matching Donation Form from your employer if applicable.

METHOD OF PAYMENT

Check enclosed. Please make checks payable to "ClearWater Conservancy"

Please bill my credit card. Card type: Visa MasterCard

Account number: _____

Expiration Date: _____

Signature: _____

Securities or stocks. Please call (814) 237-0400 to discuss.

NOTES

- Contributions to ClearWater Conservancy of Central PA, Inc. are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 25-1413990. Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.clearwaterconservancy.org or call (814) 237-0400 or email jennifer@clearwaterconservancy.org

Please forward completed form and payment to:

ClearWater Conservancy
2555 North Atherton Street
State College, PA 16803
Or fax to (814) 237-4909



