Teton Raptor Center Capital Campaign Pledge Form

Teton Raptor Center advances raptor conservation through education, research, and rehabilitation.
Your gift ensures the future of raptor conservation TODAY!

Donor Preferred Contact Information

Name(s): ______________________________________________________________________________________

Address: ________________________________________________________________________________________

Phone: ___________________________ Email: ____________________________________________________________

Pledge Commitment

In recognition of the need, and in consideration of the gifts of others, I/we hereby subscribe and agree to
pay Teton Raptor Center to support the Capital Campaign in the total sum of:

_____________________________________________________________________________ Dollars ($____________________)
to be paid in cash, securities, or other property of equivalent value.

I /We pledge the following amount of $______________________________.

It is my/our intention to pay this pledge over ☐ 1 year or ☐ 2 years, beginning on ________________.

I /We plan to make this contribution in the form of:   ☐ cash   ☐ check   ☐ credit card   ☐ stock.

I/We have enclosed $____________________________ as the initial payment toward fulfilling this pledge.
I/We wish  to be billed ☐ monthly ☐ quarterly ☐ annually ☐ other______________.

*Note: Campaign pledges may be disclosed to our bank per the terms of our loan agreement.

Method of Payment

☒ Checks payable to Teton Raptor Center, PO Box 1805, Wilson, Wyoming 83014.
☒ Gift of Securities (please request separate instructions for donating long-term appreciated securities).

Donor Recognition

☒ I/We wish to remain anonymous. Please do not include my/our name(s) in any donor recognition.
☒ I/We wish to be recognized as follows and authorize Teton Raptor Center to include my/our name(s) in all regular materials related to donor recognition.

Please print your name(s) as you would like it/them to appear in donor acknowledgements:

_______________________________________________________________________________________________

____________________________________________________ ______________________________

Name of Donor Name of Donor

Donor Signature Date Donor Signature Date

Campaign Witness Date

Thank you!

po box 1805, wilson, wy 83014 • 307.203.2551 • tetonraptorcenter.org • raptors@tetonraptorcenter.org