



THE SAILING MUSEUM

365 THAMES STREET
NEWPORT, RI 02840
401.324.5761

CAMPAIGN GIFT & PLEDGE FORM

Donor(s): _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Yes! I believe in the vision for The Sailing Museum, and support the creation of a home for the National Sailing Hall of Fame & America's Cup Hall of Fame!

Gift:

I am supporting this campaign today

with a gift of: \$ _____

Terms of Pledge:

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

Single year payment;

of pledge: \$ _____

To be Paid on (date) _____

Multiple year payments;

of pledge: \$ _____

Beginning on (date): _____

To be paid over _____ years

Please bill me: Annually Quarterly

Method(s) of Payment:

Check payable to:

The Sailing Museum

Please charge my*:

Visa MC AMEX

Credit Card Number:

Exp. Date _____ Sec. Code _____

Billing Zip Code: _____

Planned Gifts, Stock & Wire Transfers:

Please contact us for more information

Other: My/our gift will be matched by:

Match enclosed Matching gift form will be sent

Recognition: Please keep my gift anonymous Please list as _____

By this pledge, I/we are making a good faith commitment to give the amount(s) specified above, which pledge The Sailing Museum (TSM), a d/b/a of National Sailing Hall of Fame & Museum, Inc. (NSHOF) accepts and will act in reliance upon to begin the projects supported by the Capital Campaign. TSM/NSHOF is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code with federal tax identification number is 54-2152883. Donations are tax-deductible to the extent allowed by law.

Donor Signature: _____

Date: _____

Donor Signature: _____

Date: _____

This Campaign assumes a 3-year pledge period (2020, 2021, 2022, please contact us regarding other terms).

*Credit cards will be charged a 3% convenience fee to offset processing costs.