

# SHARING *the* VISION Gift & Pledge Card

Title (Circle One): Dr./Mr./Miss/Ms./Mrs./Mr. & Mrs. Other: \_\_\_\_\_

Your Name: \_\_\_\_\_  
First Name MI Last Name Suffix

Spouse/Significant Other: \_\_\_\_\_  
First Name MI Last Name Suffix

Mailing address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone: ( ) \_\_\_\_\_  Cell  Home Email: \_\_\_\_\_ @ \_\_\_\_\_

## SHARING *the* VISION GIFT LEVELS

- VISIONARY \$25,000+       HISTORIAN \$5,000+       \*CARPENTER \$100+  
*\*In honor of John Carpenter*  
 PRESERVATIONIST \$10,000+       ARCHITECT \$1,000+       BECOME A MEMBER \$30  
*a year*

ONE-TIME GIFT OF: \$ \_\_\_\_\_ OR

PLEDGE COMMITMENT: \$ \_\_\_\_\_ to be paid in one year:

- Annually       Quarterly       Monthly

How would you like your name(s) to appear on recognition and printed materials?  
\_\_\_\_\_  
\_\_\_\_\_

Donor/s Signature

Date

In Memory Of (optional)

*You may return your check in the envelope provided. Please send your donations by March 1, 2019. Make checks payable to: Johnston Farm & Indian Agency*

If you have any questions, please contact:

**ANDY HITE**

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*Thank You!*