



Jesup Splash Pad Capital Campaign

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Office) _____ (Home) _____ (Mobile) _____

Email: _____

Recognizing the need for an all-inclusive splash pad in Jesup, I/we, pledge the following gift of \$_____. The portion paid herewith is \$_____. I/we will fulfill the remainder of this commitment with a payment of \$_____ which will be contributed by _____.

Please check any that apply:

- I/we would like our gift to remain anonymous
- Gift given in honor of _____
- Gift given in memory of _____
- Gift will be matched by _____

Signature(s): _____ Date: _____

_____ Date: _____

Make gifts payable to: City of Jesup
791 6th Street
PO Box 592
Jesup, IA 50648

**Contributions to the City of Jesup, a 501(c)(1) tax-exempt organization,
are tax-deductible to the greatest extent of the law.**