

POWER BEYOND the Endowment Campaign for the NATIONAL WRESTLING HALL OF FAME

YES, I WANT TO GIVE See back for more details.

Name _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____

Home Phone _____

Email _____

Total financial commitment to the endowment fund: \$ _____

Select one:

One-time gift Payable over _____ (1-5) years

For gifts of \$25,000 and more:

Please include me/us in the NWHOF Legacy Society.

For gifts of \$50,000 and more:

Please contact me to discuss naming opportunities.

I will pay my pledge annually over _____ years, with installments due in _____ (month) beginning 20____ (year). Pledge reminders will be sent to you for unpaid pledges close to the due date.

Date _____

Signature _____

Signature _____

PAYMENT:

Pledge without initial payment Pledge with initial payment

Check: Please make payable to National Wrestling Hall of Fame.

Credit Card: _____ I also wish to pay the 4% credit card processing fee.

Card Number _____

Exp. Date _____ Billing Zip _____ CVV _____

Name on card _____

Contact me for a gift of securities or other assets.

All endowment gifts are tax deductible to the extent provided by law.

Thank you for your generous gift to the National Wrestling Hall of Fame Endowment.

Please send any other documentation needed to
info@nwhof.org or call (405) 377-5243 for assistance.

My company provides matching gifts.

Company Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Memorial Gift, in honor of

Send gift acknowledgement to:

Name _____

Mailing Address _____

City _____

State _____ Zip _____