

WORLD'S JEWISH MUSEUM

TEL AVIV, ISRAEL

CAPITAL CAMPAIGN

I/We would like to make a pledge of \$ _____ to the World's Jewish Museum Capital Campaign.

Name(s)/Organization: _____

Contact Name(s): _____

Mailing Address: _____

Phone (Bus.): (_____) _____ Phone (Home): (_____) _____

E-mail address: _____

Gift Pledge

I/We would like to make a pledge of \$ _____, once the project has been determined to be proceeding as planned, over a period of _____ years.

- Naming Opportunities: Commensurate with the size and timing of the donation (early donors will be given priority) naming opportunities will be provided as the named spaces are defined.
- Please send me updates on the progress of the project.

Donor Release

- For recognition in printed materials, this donation should be listed as coming from:

Please note, these listings may be alphabetical or by donation level.

- I/We prefer to remain anonymous.

Signature

Date

Thank you very much for your gift.
An official tax receipt will be issued for your gift.

Please return this form to: The World's Jewish Museum
c/o 2810 - 201 Portage Avenue
Winnipeg, Manitoba R3B 3K6
Canada

Email: tpascal@worldsjewishmuseum.com
Fax: +1 204-989-5536



PLEDGE FORM