



# Wawasee Area Conservancy Foundation

*...Helping protect, preserve, and enhance  
our watershed now and for future generations.*

Date: \_\_\_\_\_

I (We) \_\_\_\_\_ (Name)

pledge \$ \_\_\_\_\_

to the Wawasee Area Conservancy Foundation, Inc.

(501(c)(3) tax exempt, non-profit organization.)

### Payment Options:

\_\_\_\_\_ Annual Payments via credit card or check:

\$ \_\_\_\_\_ Each year for \_\_\_\_\_ years

(Annual reminders for pledge payments will be sent in October of each year.)

\_\_\_\_\_ One-time payment via:

\_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ Enclosed Check

\_\_\_\_\_ Stock Transfer (Please contact WACF with details.)

Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_ (please print)

Mailing Address: \_\_\_\_\_

(Address, City, State, Zip)

Local/Lake Address: \_\_\_\_\_

(Address, City, State, Zip) (No mail unless requested.)

Phone: \_\_\_\_\_

Please list my gift in the WACF Annual Report as follows:

\_\_\_\_\_ (Or Anonymous)

\_\_\_\_\_ Please contact me with information on The Eli Lilly Lifetime Founders Society,  
the Legacy Society, or including WACF in our will / estate plan.

**THANK YOU FOR YOUR SUPPORT!**