



Under One Roof Campaign

Help us provide a state-of-the-art building and shared services for a host of nonprofit organizations all under one roof. **One Facility. One Network. Unlimited Possibilities.**

Pledge

I/We would like to contribute \$ _____ toward the Under One Roof Campaign to benefit the Ozaukee Nonprofit Center.

This **IS / IS NOT** a capital gift or endowment gift. (Please circle one)

Gift Info

Total Gift Amount: _____

Initial Payment: _____

Balance: _____

One-Time 3 years 5 years
 2 years 4 years

Personal Gift Corporate Gift
 Foundation Gift Other (appreciated stock, property, estate planning)

For donor recognition, I understand my gift will be listed as:

My gift is in honor/memory of: _____

I wish to remain anonymous: **YES / NO**

Donor Info

Donor or Contact Name

Business or Organization Name

Address

City, State, Zip Code

Phone Email

Credit Card: **VISA / MASTERCARD / AMEX**

CC: _____

Expiration: / CSV: _____

Signature

Print Name

Please make your checks payable to: Ozaukee Nonprofit Center
2360 Dakota Drive, Grafton, WI 53024
Questions about your pledge? Interested in making an estate gift?
Contact Carissa Barnes at carissa@oznc.org or call (262) 376-5272.



Under One Roof Campaign

Help us provide a state-of-the-art building and shared services for a host of nonprofit organizations all under one roof. **One Facility. One Network. Unlimited Possibilities.**

Pledge

I/We would like to contribute \$ _____ toward the Under One Roof Campaign to benefit the Ozaukee Nonprofit Center.

This **IS / IS NOT** a gift-in-kind donation. (Please circle one)

Gift Info

Total Gift Amount: _____

Initial Payment: _____

Balance: _____

- One-Time 1 year
 2 years 3 years

- Personal Gift Corporate Gift
 Foundation Gift Other

For donor recognition, I understand my gift will be listed as:

My gift is in honor/memory of: _____

I wish to remain anonymous: **YES** / **NO**

Donor Info

Donor or Contact Name _____

Business or Organization Name _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Credit Card: **VISA / MASTERCARD / AMEX**

CC: _____

Expiration: / _____ CSV: _____

Signature _____

Print Name _____