



JESUP EMERGENCY SERVICES FACILITY CAPITAL CAMPAIGN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (office) _____ (home) _____ (mobile) _____

EMAIL: _____

☐ Recognizing the need to upgrade Jesup's Emergency Services Facility, I/we, in consideration of the gifts of others, pledge the following gift:
\$ _____

☐ The portion paid herewith is \$ _____. I/We will fulfill the remainder of this commitment with payments of \$ _____ which will be contributed
☐ monthly* ☐ quarterly ☐ semi-annually ☐ annually beginning _____ 20____
for ☐ 1 year ☐ 2 years ☐ 3 years (month) (year)

*Monthly contributions must be made in the form of ACH debits. See form on reverse side.

☐ My gift will be matched by: _____
☐ A matching gift form is enclosed. (company name)

☐ Other form of gift: _____

☐ Gift of stock: _____

☐ Gift given in ☐ memory of: _____
☐ honor of: _____

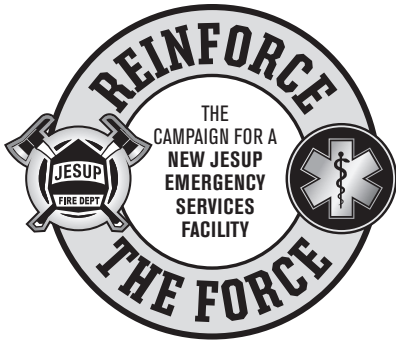
☐ I/We would like my/our gift to remain anonymous.

Signature(s) _____ Date: _____
_____ Date: _____

Make gift(s) payable to: **City of Jesup Emergency Services Facility**
791 6th Street
P.O. Box 592
Jesup, IA 50648
319-827-1522

Recognition Levels for Campaign Donor Wall:
\$50,000+: Diamond Level
\$25,000 – \$49,999: Ruby Level
\$10,000 – \$24,999: Platinum Level
\$5,000 – \$9,999: Gold Level
\$1,000 – \$4,999: Silver Level
Naming opportunities are available if interested.

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



Authorization Agreement for Direct Payments (ACH Debits)

I/We will fulfill my/our commitment to the Jesup Emergency Services Facility Capital Campaign through monthly payments debited from my/our account as follows:

Payment Amount: \$_____

Day of Month: ☐ 10th ☐ 25th

Beginning: Month _____ Year _____

Term of Payments: ☐ 1 year ☐ 2 years ☐ 3 years

I/We authorize the City of Jesup, Iowa, hereinafter called INITIATOR, to initiate debit entries to my/our account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Type of Account ☐ Savings ☐ Checking

Depository Name _____

City _____ State _____ ZIP Code _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until INITIATOR has received written notification from me/us of its termination in such time and in such manner as to afford INITIATOR and DEPOSITORY a reasonable opportunity to act on it.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Please Attach a Voided Check

Account: _____ **Payment Amount:** _____ **Start Date:** _____ **End Date:** _____