

Pledge of Support

Name(s):Address:			
			Email:
		Fulfillment of this commitment will be as f () Payment in full. () Payment throug	
I/we prefer to make payments	(quarterly, semi-annually, annually) over		
(1–5) years, beginning	(month and year).		
□ Check here if you would like to receive ir transfer for your payments.	nformation on how to make a gift of stock or use a wire		
How I/we wish my/our name(s) to be liste	d:		
() I/we prefer to be anonymous			
This pledge is binding on my/our estate. c	ıyes □no		
My/our gift will be matched by:			
Signature	Date		
Signature	Date		
************************************	********		
ccepted on behalf of Mattatuck Museum:			
Robert Burns Director	Date		