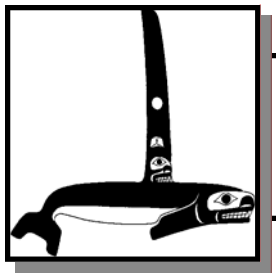

PLEDGE FORM

The Bill Holm Center for the Study of Northwest Coast Art

The Burke Museum of Natural History and Culture
University of Washington Box 353010 Seattle, WA 98195

I/We intend to contribute a total of $_____ to the **Bill Holm Center:**

Please check appropriate fund(s):

$_____Bill Holm Center Research Endowment (HOLMBC 99-1074)
$_____Bill Holm Center Graduate Fellowship Endowment (HOLMGF 99-1319)
$_____Bill Holm Center Professorship Endowment (HOLMEP 99-1321)

Pledge Instructions:

I/We wish to make this gift over a period of _____ years (not to exceed 5 years).

Please schedule my/our pledge payments:

□ Monthly □ Quarterly □ Semi-Annual □ Annually □ Custom Schedule (see custom schedule box)

Custom Schedule:

Payment	Month/Year	Payment Amount
1.		
2.		
3.		
4.		
5.		

Comments:

Total pledge payment enclosed at this time: $_____

Signature:_____
Date:_____

*Please make pledge payment checks payable to: **UW Foundation**.*

Donor Information:

This pledge is made by an: □ **Individual** □ **Organization**

For Individuals only:

Donor Name: _____/_____
Title First M.I. Last

Spouse Name: _____/_____
Title First M.I. Last

Address: _____
Street City State Zip

Phone: (____)_____ **Email Address:**_____

My/Our pledge payments will be matched by: _____
Please include your company's matching gift form.

For Organizations only:

Organization Name:_____

Contact Name:_____

Address: _____
Street City State Zip

Phone: (____)_____ **Email Address:**_____