



PLEDGE FORM

DONOR INTENT

On this day of _____ (date), in consideration of my interest in and support of the mission of Hnub Tshiab: Hmong Women Achieving Together, I/we _____ (signature) wish to make a gift to Hnub Tshiab: Hmong Women Achieving Together in the amount of \$ _____ for the purpose(s) described below:

____ Unrestricted - to be used as organization deems necessary
or

____ Restricted for the following purpose(s): Hmong Women's Fund or other: _____

RECOGNITION REQUEST

For gift recognition purposes, please let us know how you would like to be acknowledge:

____ List my/our name as indicated here: _____

or

____ I wish to remain anonymous; please do not include my/our name in any listing of donors.

DONOR INFORMATION

First and Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Your contribution is tax deductible to the extent allowed by the IRS regulations. If you have specific tax questions, we advise you to consult your personal financial or legal advisor.

If donation is for Hmong Women's Fund (endowment), mail pledge forms and checks to:

Hmong Women's Fund, C/O Women's Foundation of Minnesota
155 Fifth Avenue South, Suite 500, Minneapolis, MN 55401-2626

For all other donations (annual operations and programs), mail pledge forms and checks to:

Hnub Tshiab: Hmong Women Achieving Together
P. O. Box 14127, St. Paul, MN 55114

TO BE COMPLETED BY ORGANIZATION IN ACCEPTANCE OF GIFT

The undersigned, being a duly authorized officer of Hnub Tshiab: Hmong Women Achieving Together, accept this pledge on behalf of Hmong Women Achieving Together.

Date: _____ By: _____ Title: _____