



DONOR AND PLEDGE FORM

THANK YOU!

YES, WE WANT TO HELP FULFILL THE DREAM AND LEAVE A LEGACY:

___ Legacy Stakeholder	< \$500	Honorary Trust Deed	___ Legacy Steward	\$50,000	Honor Wall* and Park Bench
___ Legacy Connector	\$500	Honor Wall	___ Legacy Pathfinder	\$100,000	Honor Wall*
___ Legacy Surfrider	\$1,000	Honor Wall and Tile 4"x4" min.	___ Legacy Trailblazer	\$250,000	Honor Wall*
___ Legacy Waves	\$5,000	Honor Wall and Tile 6"x6" min.	___ Legacy Builder	\$500,000	Honor Wall*
___ Legacy Dolphins	\$10,000	Honor Wall and Tile 8"x8" min.	___ Legacy Patron	\$1,000,000+	Honor Wall*
___ Legacy Leadership Circle maximum 100 donors	\$25,000	Honor Wall and Tile 8"x8" min.			

*** Gifts of \$50,000 or more are eligible for recognition on designated park features.**

Gifts are cumulative.

DONOR INFORMATION (Please Type or Print)

Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact Phone: Home () _____ Business () _____ Email _____

GIFT / PLEDGE INFORMATION

I (we) hereby contribute cash and/or assets to the City of Malibu's Malibu Legacy Park Project Build the Legacy Campaign (Pledges of \$5,000 or more may be spread over a three-year period):

I (we) wish to make a **one-time gift** of \$ _____
 I (we) **pledge** a total of \$ _____ I (we) wish to have this donation pledge spread over 1 2 3 year(s)

PAYMENT INFORMATION

I (we) plan to make my (our) contribution in the form of: cash/check credit card
For Credit Card Payment: Please charge my credit card: Visa MasterCard
 Number _____ Expiration Date _____
 Authorized Credit Card Signature _____
 Please bill me beginning: **Date** _____, and thereafter semi-annually yearly other _____
 in the amount of \$ _____ per billing period.

PLEDGE PAYMENT SUMMARY Per Payment Amt Billing Periods + Matching Gift = Total Pledge Amount

I hereby pledge: _____ x _____ = _____
 You will receive my first pledge payment on: **Date** _____ 2008, and thereafter semi-annually yearly other _____

MATCHING GIFTS

My gift will be matched by _____ Company/Foundation/Family
 Matching gift form enclosed Matching gift form will be forwarded to City of Malibu, Malibu Legacy Park Project

DONOR RECOGNITION/TRIBUTE (Donors will be recognized in campaign materials unless an anonymous gift is requested)

I (we) wish to apply our previous Malibu Legacy Park Project donation of \$ _____ and our new donation to the recognition level checked above.
 Please use the following name(s) for recognition or tribute _____
 I (we) wish to remain anonymous

DONOR SIGNATURE(S)

Date _____

PLEASE MAKE CHECKS & CORPORATE MATCHES PAYABLE TO: City of Malibu, Malibu Legacy Park Project

Mail your pledge to City of Malibu, Malibu Legacy Park Project, c/o Administrative Services, 24518 Stuart Ranch Rd., Malibu, CA 90265 or fax to (310) 456-3356. Questions? Please contact the Malibu Legacy Park Project (310) 456-2489, ext. 232, or email info@malibulegacy.org.
 While the City cannot give tax advice, you should note that donations to government agencies that are used for public purposes are deductible from income as charitable contributions for Federal and State personal income tax purposes pursuant to Internal Revenue Code Section 170(a)(1) and (c)(2)(A) and California Revenue & Taxation Code Section 17201(a). Federal income tax laws limit deductions for charitable contributions to amounts in excess of the fair market value of goods or services provided in exchange for your contribution. Donors should contact their tax advisor relative to the deductibility of the donation.

