

### PLEDGE FORM

**Yes! I/We would like to make a gift to  
Bringing Art to Life: Hill-Stead's 75<sup>th</sup> Anniversary Campaign.**

#### CONTACT

Name(s) please print: \_\_\_\_\_

I/we pledge a total amount of \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **PAYMENT: This pledge is to be paid as follows:**

TIMING: Payable over a \_\_\_\_\_ year period (up to three calendar years) beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_  
and ending on \_\_\_\_/\_\_\_\_/\_\_\_\_

The payment schedule will be \_\_\_\_ Annually \_\_\_\_ Semi-annually \_\_\_\_ Quarterly \_\_\_\_ Monthly

#### PAYMENT ENCLOSED:

- Check (payable to Hill-Stead Museum-see full address on p. 2)  Credit Card
- Other\* (Please contact Anna Swinbourne, Executive Director & CEO at 860.677.4787 x100 to discuss your payment vehicle)

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Sec: \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

#### **Please check all of the following that may apply:**

- In the unlikely event of my passing before this pledge is fulfilled, my estate will fulfill the pledge agreement (please complete attached Estate Note).
- My employer will match my gift. A matching gift form is enclosed.
- I/We would like to discuss a naming opportunity.
- Please send me/us information about including Hill-Stead in our estate plan.

**THANK YOU! Kindly let us know how we can best recognize your generosity by completing the following:**

- Please recognize and print this gift in the following way:

\_\_\_\_\_ (i.e., *Mary and John Smith* or *The Michael and Robert Greene Family Foundation*)

- I/We wish for this gift to remain anonymous.

- I/We wish to have this gift honor or remember:

In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

Please send an acknowledgement to:

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RETURN THIS PLEDGE OR PAYMENT BY MAIL, FAX OR SCAN/EMAIL TO:

Hill-Stead Museum  
ATTN: Anna Swinbourne, Executive Director & CEO  
35 Mountain Road  
Farmington, CT 06032  
860.677.4787 x100  
860.677.0174 (fax)  
swinbournea@hillstead.org

***Thank you very much. Hill-Stead Museum is a 501(c) 3 non-profit organization.  
Your gift is tax deductible to the fullest extent allowed by law.***

**ESTATE NOTE**

**Gift Intention for Hill-Stead Museum**

To my Executor:

1. I / We have made a multi-year charitable gift pledge to the Museum's 75<sup>th</sup> Anniversary Campaign in the amount of \$ \_\_\_\_\_ .
2. It is our intention that we will fulfill this gift during the pledge period outlined in the pledge form (copy attached).
3. In the event this pledge is not fulfilled during our lifetimes, we direct you to complete any unpaid pledge balance amount from the survivors' estate and make payment to:

Hill-Stead Museum  
ATTN: Anna Swinbourne, Executive Director & CEO  
35 Mountain Road  
Farmington, CT 06032  
860.677.4787 x100  
860.677.0174 (fax)  
swinbournea@hillstead.org

4. It is understood that:
  - a. This estate note does not qualify for a charitable income tax deduction.
  - b. Payment made under this estate note may qualify for an estate tax deduction.

Optional – for your consideration:

If our pledge to Hill-Stead's 75<sup>th</sup> Anniversary Campaign has been fulfilled during my / our lifetimes, then I direct the Executor to make a charitable bequest to Hill-Stead Museum in the amount of [dollar amount or remainder percentage] \_\_\_\_\_ for [greatest need or specify purpose] \_\_\_\_\_ in our names [or the name of a loved one].

Signed \_\_\_\_\_ Date \_\_\_\_\_

(If two lives) Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Distribution: Executor / Hill-Stead Museum / personal