



**NATIONAL COUNCIL FOR GEOGRAPHIC EDUCATION
LEGACY SOCIETY LETTER OF COMMITMENT**

NAME(S):			
INSTITUTION:			
ADDRESS:			
CITY:	STATE/PROV:	COUNTRY:	ZIP/PC:
PHONE:		EMAIL:	

PLEDGE/DONATION AGREEMENT

This Pledge Agreement is entered into by and between the undersigned (“Donor”) and the National Council for Geographic Education (“NCGE”).

In consideration of my (our) interest in advancing the work and mission of the National Council for Geographic Education, I (we) pledge the sum of \$_____ to the National Council for Geographic Education Legacy Society.

WHEREAS, NCGE accepts pledges, gifts and payments on behalf of and to benefit the mission of the National Council for Geographic Education; and

WHEREAS, NCGE is a duly established charitable, tax-exempt 501(c)(3) entity; and

WHEREAS, the undersigned Donor is committing specific financial support to NCGE via this recorded pledge instrument, in the amount listed above.

THEREFORE, as an expression of the Donor’s interest in supporting NCGE; in consideration for the opportunity to participate as a “MEMBER OF THE NCGE LEGACY SOCIETY,” and with the understanding that NCGE will rely on this Agreement as indicated above, the Donor promises to pay NCGE the fully pledged donation amount.

PAYMENTS

As a service to donors, NCGE will e-mail a pledge reminder statement on the anniversary date of the pledge unless noted otherwise below. I (We) understand that an IRS qualified gift receipt will be sent directly from NCGE as gifts are received.

- I (We) intend to pay for our gift in one (1) payment. *If box checked please select an option below:*
- I (We) will pay by Check. Check Number: _____
 - I (We) will pay by Credit Card. Please use the credit card form on the next page.
 - I (We) request an Invoice to make one (1) payment. Invoice Amount: \$ _____

- I (We) intend to make gifts per this installment schedule:
- Payment 1: Amount \$ _____ By _____, 20 _____;
 - Payment 2: Amount \$ _____ By _____, 20 _____;
 - Payment 3: Amount \$ _____ By _____, 20 _____;

Please e-mail my invoice to the following e-mail address: _____

Form continues on next page....

GALA LUNCHEON TICKETS

With your pledge of at least a \$1000 or more you will receive Two (2) Tickets to the NCGE Luncheon Gala as a thank you gift. If you are attending your tickets will be available on-site the day of the event. Please indicate below if you will attend.

I/We would like to attend the NCGE Gala Luncheon on Thursday, August 6, 2015.

Name of Luncheon Guest 1: _____

Name of Luncheon Guest 2: _____

I/We cannot attend the NCGE Gala Luncheon on Thursday, August 6, 2015.

RECOGNITION OF PLEDGE/DONATION

All contributions you make to NCGE are tax deductible. It is acknowledged that any gift or payment of/on a pledge is received as an irrevocable gift and is not able to be returned once funds have been received.

PERMISSION TO PUBLICIZE

In our efforts to publicize the goodwill and support generated for NCGE, it is our intention to share your philanthropic story with our constituencies in order to inspire and encourage others. We do this through our website and in other communications pieces. *Donors' wishes will be respected at all times.*

Permission to use the establishment of this gift for publicity, website content and other communications purposes is stipulated as follows:

I (We) grant permission for our name(s) to be listed for the purpose stated above

I (We) do not grant permission for our names to be listed as stated above. Your gift will be listed as Anonymous.

I (We) wish to remain anonymous during my (our) life however, my (our) name(s) can be used in recognition of my (our) gift posthumously.

CREDIT CARD PAYMENT INFORMATION

NAME OF CARD HOLDER (PLEASE PRINT):			
BILLING ADDRESS (IF DIFFERENT):			
CITY:	STATE/PROV:	COUNTRY:	ZIP/PC:
PHONE:		FAX:	
PAYMENT TYPE	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
CARD NUMBER:		EXP. DATE:	
SIGNATURE OF CARD HOLDER:			3 DIGIT SECURITY CODE:
ARE YOU AN ACTIVE NCGE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
E-MAIL ADDRESS TO SEND A CONFIRMATION OF PAYMENT TO:			

AGREEMENT

I (We) agree to join the NCGE Legacy Society with a donation of \$1000 or more and I (We) agree with the terms listed above.

Name of Donor(s): _____

PLEASE PRINT THE NAME(S) BY WHICH YOUR GIFT WILL BE RECORDED AND RECOGNIZED

Signature of Donor(s): _____ Date: _____

PLEASE E-MAIL THIS COMPLETED FORM TO MR. ZACHARY R. DULLI, CO-CEO OF THE NATIONAL COUNCIL FOR GEOGRAPHIC EDUCATION IN ONE OF THE FOLLOWING WAYS:

1. E-MAIL the completed form to: Zach@ncge.org; 2. FAX the completed form to: (202) 618-6249; Or 3. MAIL the completed form & payment to: **National Council for Geographic Education 1101 14 Street, NW, Suite 350, Washington, DC 20005-5647**

PLEASE CALL OR E-MAIL MR. ZACHARY R. DULLI WITH QUESTIONS: PHONE: (202) 216-0942 E-MAIL: ZACH@NCGE.ORG