

Unrestricted Pledge



This Pledge is effective _____, 2024.

DONOR: _____

ADDRESS: _____

BENEFICIARY: Dubuque Museum of Art

ADDRESS: 701 Locust Street
Dubuque, IA 52001

EIN: 42-1071185

I pledge to the Dubuque Museum of Art the sum of \$ _____ to be used by the Dubuque Museum of Art for its operating expenses.

Subject to the terms of the final gift agreement, payments will begin on date __/__/____.

I would like for my gift to be publically acknowledged: Yes No

If yes, please indicate the name listed for recognition: _____

IN WITNESS WHEREOF each party to this agreement has caused it to be executed on the date indicated above.

Authorized Signature, Donor: _____

Print Name: _____

Authorized Signature, Beneficiary: _____

Print Name and Title: _____