



***Coming Full Circle: The Legacy of Studebaker Campaign***

**Pledge Card**

I/We want to support the Studebaker National Museum *Legacy of Studebaker* Endowment Campaign.

I/We will commit \$\_\_\_\_\_ to:

- \_\_\_\_\_ The Studebaker National Museum Foundation, Inc. **OR**
- \_\_\_\_\_ The Studebaker Museum Fund at the Community Foundation of St. Joseph County

Name(s)/Title(s): \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Your gifts are tax deductible.*

**PLEASE PRINT THIS FORM AND MAIL WITH YOUR CHECK OR CREDIT CARD INFORMATION TO:**

**Studebaker National Museum  
201 S. Chapin Street  
South Bend, IN 46601**

**Please make checks payable to SNM Foundation Board, Inc.**

Enclosed is my/our first pledge payment of \$\_\_\_\_\_.  
This pledge will be paid in \_\_\_\_\_ installments(s) over \_\_\_\_\_ year(s).  
(1 to 4 years)

Please send me/us regular reminders beginning \_\_\_\_\_ as follows:  
\_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually

Additional information/Instructions: \_\_\_\_\_  
\_\_\_\_\_

To pay by credit card, please complete the following information:

Credit Card:  MasterCard  VISA  American Express  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature on card: \_\_\_\_\_

I/We consider it a moral obligation to honor this commitment: however, I/we reserve the right to modify or cancel it in the event of unforeseen circumstances.

For more information, call the museum at 888/391-5600.