



**A Pledge to The Children's Maritime Museum at Port Jefferson  
Capital Campaign**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

As an indication of my support of the Capital Campaign for the Children's Maritime Museum at Port Jefferson and in consideration of the gifts of others, I (we) subscribe and agree to pay the Children's Maritime Museum at Port Jefferson the sum of:

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

To be paid in cash, securities and/or other property of equivalent value.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Spouse's signature (when joint gift) \_\_\_\_\_

\_\_\_\_\_ Date

TOTAL PLEDGE \$ \_\_\_\_\_

PAID HEREWITH \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

BALANCE PAYABLE OVER A \_\_\_\_\_ YEAR PERIOD AS FOLLOWS:

\_\_\_\_\_ ANNUAL      \_\_\_\_\_ SEMI-ANNUAL      \_\_\_\_\_ QUARTERLY      \_\_\_\_\_ MONTHLY

PAYMENT AMOUNTS: \_\_\_\_\_      1ST PAYMENT DUE: \_\_\_\_\_

OTHER PAYMENT ARRANGEMENTS: \_\_\_\_\_

\* All balances must be paid in full by April 1, 2007.

Please make checks payable to: THE CHILDREN'S MARITIME MUSEUM at PORT JEFFERSON  
A 501(C)3 organization – your gift is tax deductible to the extent allowed by law. Please consult your tax advisor.