



Donation Card

An Outpost of Neighborhood Safety and Care Since 1904

The Campaign to restore and enhance Firehouse 7 in the Northeast Neighborhood has a goal of \$250,000.

GIVING LEVELS

SEE ALSO NAMING OPPORTUNITIES

I/We would like to contribute the sum of \$_____. To be paid in ___ annual installments.

Pledge Reminders:

I/We wish to receive pledge reminders one month prior to the due date of each installment.
Yes _____ No _____

- | | | |
|--------------------------|---------|-------------------------|
| <input type="checkbox"/> | \$25 | Firehouse Friend |
| <input type="checkbox"/> | \$50 | Jr. Firefighter |
| <input type="checkbox"/> | \$100 | Firefighter |
| <input type="checkbox"/> | \$250 | Sr. Firefighter |
| <input type="checkbox"/> | \$500 | Tillerman |
| <input type="checkbox"/> | \$750 | Hydrantman |
| <input type="checkbox"/> | \$1,000 | Firefighter First Class |
| <input type="checkbox"/> | \$2,500 | Pump Engineer |
| <input type="checkbox"/> | \$5,000 | Lieutenant |
| <input type="checkbox"/> | \$7,500 | Captain |

Payment Schedule: I/

We will make payments on the following schedule.

\$_____ by ____/

____/____

\$_____ by ____/

____/____

\$_____ by ____/

____/____

Or other amount \$_____

Donate Online: www.historicfirehouse7.com Campaign organized by the NENC & NNRO



DONOR INFORMATION:

My/Our gift may be publicly acknowledged by the Firehouse Campaign.

Yes _____ No _____

Name(s): _____

Company Name: _____

Street Address: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Signature _____ Date _____ / _____ / _____

Signature _____ Date _____ / _____ / _____

Method of payment: Credit Card Check Securities *Make check payable to the NNRO*

We will contact you for CC and Securities information.

Return Card to: NNRO attn: Firehouse 803 Lincolnway West South Bend, IN 46616

Please complete both sides of the card.