



Noquemanon Trails Network Council

P.O. Box 746

Marquette, MI 49855

Capital Campaign Pledge Form

Donor Information

Your Name(s): _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Pledge Information

Amount of Pledge: \$_____ to be fulfilled over ___ 1 year ___ 2 years ___ 3 years

This donation will be made by:

___ Online (noquetrails.org) ___ Check ___ Stock ___ Credit Card

If applicable:

Credit Card _____ Exp. date ____/____ CCV ____

Pledge payment schedule: ___ All now ___ Over two years ___ Over three years

Donor Recognition

Do you wish to remain anonymous: ___ Yes ___ No

Donations are tax deductible to the extent allowed by law

Our mission is to secure, develop, maintain, and promote the use of a non-motorized trail network throughout the central Upper Peninsula of Michigan.