



Supporting Health Improvement in Our Communities.

An Independent Licensee of the Blue Cross and Blue Shield Association

# City of Atkins

Atkins, Iowa

## Wellmark Foundation 2014 Matching Assets to Community Health (MATCH)

Pledge form toward City of Atkins award amount of \$75,000

Please complete the table below with your information and monetary pledge to match this challenge grant award.

### Donor Information (please print)

Name \_\_\_\_\_

Organization/Business \_\_\_\_\_

Name (if applicable): \_\_\_\_\_

Billing address \_\_\_\_\_

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

Phone / Fax \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  check  in-kind donation

For in-kind donations of material/labor, please complete the table below. In-kind donations should be discussed with City Clerk & City Engineer before they are pledged.

In-kind Donation Material/Labor	Quantity	Unit Measure	Value per Unit	Total Value of In-kind Pledge
				Total:

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

### Certifications

I certify that the information contained herein is true and correct and that all gifts being pledged are made in response to The Wellmark Foundation MATCH challenge grant.

Signature(s)

Date

Please make checks, in-kind donations, or other gifts payable to:

City of Atkins  
480 Third Avenue, PO Box 171  
Atkins, IA 52206