



INTENT TO PLEDGE

Your Name(s) _____

 Your name(s) as you wish to be acknowledged or check if you wish to remain anonymous.

This gift is in honor, in the memory of, or a tribute to someone special.

I/we agree to contribute \$_____ to support the Tybee Island Marine Science Center.

I/we would like our gift allocated specifically to _____

I/we prefer to pay this gift in full on (mm/dd/yy) _____

I/we prefer to pay this gift over: 5 years, on an: Annual Semi-Annual Monthly basis
 3 years, on an: Annual Semi-Annual Monthly basis

I/we would like to begin payments on (mm/yy) _____

The payment method I/we prefer is Check VISA MasterCard AmEx Discover

Card number _____

Expiration _____ CVV Code _____

Name as it appears on the card _____

Please make checks payable to the Tybee Island Marine Science Foundation, PO Box 1879, Tybee Island, GA 31328

Address _____

City, State and Zip _____

Phone _____

Email _____

 Signature

 Date