

**Letter of Commitment**

\_\_\_\_\_ (Donor/Company) make this binding unrestricted charitable contribution pledge to the Water Quality Research Foundation (WQRF) in support of their mission to “*advancing knowledge and the science of high quality, sustainable water.*” I/We pledge the following amount: (please indicate amount on the line provided that is associated with the box you check; pledges payable through 2026)

- |  |   |
|--|---|
| <input type="checkbox"/> Icon Circle: \$125,000+ _____       | <input type="checkbox"/> Partner Circle: \$10,000+ _____  |
| <input type="checkbox"/> Founder Circle: \$100,000+ _____    | <input type="checkbox"/> Supporter Circle: \$5,000+ _____ |
| <input type="checkbox"/> Legacy Circle: \$50,000+ _____      | <input type="checkbox"/> Friend Circle: <\$5,000 _____    |
| <input type="checkbox"/> Cornerstone Circle: \$25,000+ _____ |   |

Donor	By (Signature)	
_____	_____	
Name	Title	Date

**Contact Information:**

Email	Phone Number	
_____	_____	
Address		
_____		
City	State	Zip Code

Please indicate how you or your company would like to be recognized.

Please complete the payment schedule chart below including the preferred payment amount and quarter to ensure invoices are sent on time. Note: The default payment schedule will be equal annual installments.

Year	1 <sup>st</sup> Quarter (Jan. 1)	2 <sup>nd</sup> Quarter (Apr. 1)	3 <sup>rd</sup> Quarter (Jul. 1)	4 <sup>th</sup> Quarter (Oct. 1)
2022				
2023				
2024				
2025				
2026				

**Payment Information:**

I/We plan to make my/our contribution in the form of:  Check (made out to WQRF)  Credit Card  Other: \_\_\_\_\_

Upon receipt of your pledge form, a member of the Foundation staff will be in contact with you to collect any additional information and finalize your payment schedule.

Billing contact email/phone (if different from primary contact): \_\_\_\_\_