



Ralph Engelstad Arena Thief River Falls Pledge Agreement

Name/Business _____ Phone Number _____

Address _____ Email Address _____

City _____ State _____ Zip _____

I agree to pledge \$ _____ to the Ralph Engelstad Arena Thief River Falls Project. I also agree that this pledge amount can be used as collateral by a third party as deemed necessary by the City of Thief River Falls.

I agree to pay the pledge amount in the following manner:

1. Payment in full Date 2. Initial Payment Date
3. Monthly Installments 12 months ___ 24 months ___ 36 months ___ 48 months ___
60 months ___ Beginning
4. Annual Installments 1 year ___ 2 years ___ 3 years ___ 4 years ___ 5 years ___
Beginning _____
5. Master Card, Visa or Discover (Circle One) Card Number _____
Exp _____

If you desire, your donation can be set up as a memorial in that person's name.
Memorial Name _____

Please make any check payable to the Ralph Engelstad Arena Thief River Falls. All donations should be returned to the Ralph Engelstad Arena Project, PO Box 87, Thief River Falls, MN 56701

Authorized Signature _____ Date _____

Thank You for helping to "Wrap up the Gift"