



in pursuit of
G A M E
CHANGING
opportunities

Vision Brookings 2027

PLEDGE OF SUPPORT

Firm Name: _____

Name: _____ Title: _____

Contact Name for Pledge Reminder: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Signature: _____ Date: _____

Please make checks payable to: **Vision Brookings**

Please mail checks c/o: Brookings Economic Development Corporation
2301 Research Park Way Suite 113
Brookings, South Dakota 57006

Courtesy Reminders will be mailed on the first day of the month when payment is due.

I/we authorize a five-year pledge totaling \$ _____, payable in
_____ installments of \$ _____ each. I/we prefer to make
payments in the month of _____ First Pledge starting on _____
20__.

Business support for **Vision Brookings** may be characterized as a deductible ordinary and necessary business expense, pursuant to IRC Sec. 162. For a charitable contribution, please consult campaign leadership for information. Always consult your tax advisor for specific reporting requirements. The Federal Identification Number for Brookings Economic Development Corporation 501(c)(6) is: **46-0440746** or the Foundation 501(c)(3) is: **36-4585401**.