

Pledge/Donor Form Hilltop Square Apartments Eagle Bend High School Building Project

Pledge/Donor Information (please print or type)

Name:	
Address:	
City, State, Zip Code:	
Phone/Email:	
Pledge Information: I (w	e) pledge an amount of \$
In Memorial/Acknowled acknowledgements:	Igement Information - Please use the following name(s) in all
□I (we) wish to have ou	r gift remain anonymous.
is selected for funding, y	ct funding will be submitted to Minnesota Housing in July 2025. If the applicatio you will be notified, and your donation will be due by June 2026 . If the Hilltop unded, you will be under no obligation to fulfill your pledge.
Payment will be made to	o:
Eagle Bend Developmen PO Box 215 Eagle Bend, MN 56446 (218)738-5982	nt Authority/Hilltop Housing Fund
I/We would like to make	e an immediate donation in the amount of \$
Payment Type: Check No	
Venmo - Venmo Ao	ccount Name
Signature(s):	Date: