

GIFT / PLEDGE FORM

Name(s) please print:			
City:	State	ZIP	
Office phone :	Home/cell phone: _		
Fax:Er	nail:		
In support of the objectives of <i>A Co</i>	ampaign for Boxwell Reservation,		
I/we pledge a total of \$	Paid here is \$ _	Paid here is \$	
(Please make checks payable to P	Properties Trust)		
The remainder will be paid as foll	lows (check all that apply):		
O \$annually in _	for years (max thr	ree years), beginning in 20	
O Other / additional instructions	s:		
For purposes of donor recognition	on:		
I/we desire that our pledge be treated as an anonymous commitment ; or			
O Please list my/our name(s)	as specified below in all appropria	te donor recognition:	
Donor signature:		Date	
Donor signatura:		Data	

PROPERTIES TRUST