

I/We wish to support the QUEERSPACE collective Create the Space Campaign as follows:

One-time gift in the amount of \$ _____

Two-year pledge

If making a multi-year pledge:

Total Pledge: \$ _____

Frequency (select one) Monthly Quarterly Semi-Annually Annually

Pledge Start Date: _____ Pledge End Date: _____

Pledge Payment Method

Check (payable to QUEERSPACE collective) Stock* Donor Advised Fund

Other (please specify) _____

*If the stock option was selected, QUEERSPACE staff will follow up with you to provide more information on next steps

Donor Information

Name _____

Address _____ City, State, Zip _____

Phone Number _____ Email _____

Please print how you would like your name listed _____

I wish to remain anonymous

Signature _____ Date _____

Please mail this pledge form and optional payment to:

QUEERSPACE collective
1936 Lyndale Ave S, Suite 110
Minneapolis, MN 55403