



BE THE ♥ OF THE ARTS 2013

DONOR INFORMATION (please print or type)

Name _____

Billing Address _____

City _____ State _____ ZIP Code _____

Telephone (Home) _____ Telephone (Cell) _____

Telephone (Business) _____ Telephone (Other) _____

Email _____

PLEDGE INFORMATION

I (we) pledge a total of \$ _____ to be paid:

_____ now _____ monthly _____ quarterly _____ yearly

I (we) plan to make this contribution in the form of:

_____ cash _____ check _____ credit card _____ paypal _____ other

Credit Card Type _____ Credit card number _____

Expiration Date _____ 3 digit code _____

Authorized Signature _____

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgments:

_____ I (we) wish to have our gift remain anonymous.

Signature _____ Date _____