

Pledge Form

Donor Information (please print)

| | |
|-------------------|--|
| Name of contact | |
| Title | |
| Organization name | |
| Billing Address | |
| City | |
| State | |
| Zip Code | |
| Telephone | |
| Email | |

Pledge Information

I (we) pledge a total of \$_____ to be paid: ____now ____monthly ____quarterly ____yearly (2021,22,23,24,25)

I (we) plan to make this contribution in the form of: ____cash ____check ____credit card

| | |
|------------------------------|--|
| Credit Card Type | |
| Credit Card Number | |
| Expiration Date and CVS code | |
| Authorized Signature | |

Gift will be matched by _____(company/family/foundation).

_____form enclosed _____form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements.

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

Signature(s)_____ Date_____

(This signs for representative)

Return completed pledge form to: Barbara Ingram School for the Arts Foundation, 38 S. Potomac Street, Suite 305, Hagerstown, MD 21740
 For further information contact Mimi Dickinson at 240-347-4934 or mimid@barbaraingramfoundation.org

Office Use Only: Date Received _____ Check # _____ Amount _____