

Sherman's Legacy Campaign Pledge Form



Donor(s) _____

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Mobile Phone _____

PLEDGE INFORMATION

Yes, I/we want to contribute to the Sherman's Legacy Campaign

I/we have enclosed a gift of \$ _____

I/we wish to pledge a total amount of \$ _____ to be paid over 1 2 3 4 5 years

First payment to be made on (month, year) _____

I/we wish to be acknowledged as _____

I/we wish to be anonymous

Signature of Donor: _____ Date: _____

CONTRIBUTION INFORMATION

I/we plan to make my/our contribution by:

Cash

Check

Online

Credit card

Visa Mastercard Amex

Card No. _____

Exp. Date _____ Security Code _____

Stock

Property

Direct electronic funds transfer (EFT) from checking or savings account

For more information contact Executive & Artistic Director, Kyle Price, at kyle@carogargaarts.org or 614-327-7060

MATCHING GIFT

Gift will be matched by _____

Matching gift form is attached

Matching gift form will be sent via mail or email

PLEASE RETURN TO

Caroga Arts Collective
Sherman's Legacy Campaign
P.O. Box 1048
Caroga Lake, NY 12032