

# PLEDGE FORM



## DONOR INFORMATION

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST., Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | 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  other.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Security 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

Please make checks, corporate matches,  
or other gifts payable to:

**PHILIP GLASS CENTER**

225 Crossroads Blvd #392  
Carmel, CA 93923