
Name

Address

City State ZIP

(_____) _____
Phone

E-Mail

Company Name

Donor Signature Date



Please mail pledge form to:

Arts United of Greater Fort Wayne
114 East Superior Street
Fort Wayne, Indiana 46802
260.424.0646
www.artsunited.org

Last Gift \$

METHOD OF PAYMENT

1. **Gift Enclosed:**

Check Cash Mastercard/Visa
Card # _____
Expiration Date _____

2. **Please Bill Me:**

Now Quarterly Other _____

3. **Payroll Deduction:**

I pledge \$_____ per pay period for a total of \$_____ per year
 Employer Matching Gift Program

2009 Fund Drive Campaign

Total Gift \$

THANK YOU FOR YOUR SUPPORT