



# SHEMER EXPANSION & LEGACY CAMPAIGN

## PLEDGE FORM

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**YES, I WOULD LIKE TO BECOME A FOUNDING MEMBER OF THE SHEMER ART CENTER'S EXPANSION AND LEGACY CAMPAIGN!**

**PLEDGE:** I will give \$ \_\_\_\_\_

**TERM:**  One Payment or  Multiple Payments

**TIMING:**  Monthly  Quarterly  Annually for \_\_\_\_\_ Years

**START DATE:** \_\_\_\_\_

Remind me of my pledge with  a phone call  an email  an invoice sent to this address.

**MATCHING?** I will give \$ \_\_\_\_\_ for every \$ \_\_\_\_\_ raised by \_\_\_\_\_

I will ask my company to match my gift. Company name: \_\_\_\_\_

**PAYMENT METHOD:**  Check Attached (make payable to Shemer Art Center)

Send Me An Invoice

Bill My: Visa Master Card Discover American Express

Donor / Cardholder Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ Credit Card Security Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize Shemer Art Center to charge my above credit card the amount due for this pledge.

**DONOR / CARDHOLDER SIGNATURE:** \_\_\_\_\_