

# Pledge Form



City of Langley  
Langley Public Arts Consortium

## Donor Information (please print or type)

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 other.

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed form will be forwarded

*Please contact us if you'd like your contribution to be used for a specific purpose.*

## 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:

City of Langley  
PO Box 366  
Langley WA 98260