



Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	ZIP Code
Telephone (home)	
Telephone (mobile)	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid: once monthly quarterly yearly

I (we) plan to make this contribution in the form of: cash check credit card other

Credit card type	
Credit card & CSC number	
Expiration date	
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:

Oregon Pro Arte Chamber Orchestra
 PO Box 889
 Wilsonville, OR 97070-0889