



## 2025 - 2026 Annual Fund Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Check: ☐ Home ☐ Business ☐ Cell

Email \_\_\_\_\_

Donation Type: ☐ Individual ☐ Business

**PLEDGE** \$ \_\_\_\_\_

☐ Send an invoice for payment

☐ Divide my pledge into equal quarterly payments

☐ Total pledge to be paid in: \_\_\_\_\_ (month)

☐ My employer will match my gift. *(Please include your company's matching gift forms.)*

### PAYMENT INFORMATION

#### CHECK

\$ \_\_\_\_\_ Check # \_\_\_\_\_

*Make checks payable to the Arts Council of York County*

#### CARD

\$ \_\_\_\_\_ Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Code # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

*To make a donation in memoriam or an an honorarium, please contact the Arts Council directly.*

FOR OFFICE USE ONLY: db \_\_\_\_\_ ty \_\_\_\_\_ qb \_\_\_\_\_ tr \_\_\_\_\_