

## 2024 - 2025 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 \_\_\_\_\_