

2023 - 2024 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 _____