

Sample Contribution Pledge Form

XYZ ART ORGANIZATION
PO Box 1234, Some City, Texas 79999
<http://www.xyz.org>

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____, First Name: _____
MI: _____
Street Address: _____ City: _____ State ____ Zip _____
Telephone Numbers: Home (_____) _____ Work: _____
(_____) _____
E-mail Address: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 \$ 500 \$100 \$50 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every Month Quarter Year, amounting to a Total of \$ _____

MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

- Check enclosed, Please make checks payable to "XYZ Art Organization"
 Please bill my credit card: Card type: Visa Mastercard American Express Discover
Account number: _____
Expiration Date: _____
 Securities or stocks. Please call 800/777-8989 or email to stock@xyz.org for details.
 Contact me

NOTES

- Contributions to the XYZ Art Organization are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 761111111. Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.xyz.org or call 1-800/777-8888 or write to info@xyz.org

Please forward completed form and payment to:
XYZ Art Organization, PO Box 1234, Some City, Texas 79999
Or fax to 555/666-7777

Would you like to volunteer your time, resources, or ideas to XYZ Art Organization? Yes!