



# Pledge Form

## Donor Information (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_

I (we) are making this contribution in the form of:  cash  check  other.

## 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 payable to:  
Peachtree Wind Ensemble**

**Please mail this form and check to:**  
Peachtree Wind Ensemble  
c/o North Fayette United Methodist Church  
847 New Hope Rd  
Fayetteville, GA 30214

**Thank you for your support!**