



Pledge Form

Donor Information (please print)

Name _____

Billing 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 St. Paul Lutheran Church and School
700 Ardenlee Parkway
Peachtree City, GA 30269

Thank you for your support!