

CivanoArts Campaign

2017/18 Annual Giving

Pledge Form

Name(s): _____

Business/Organization Name (if gift should be credited to your business):

Address: _____

Primary Email: _____

Primary Phone: _____

Total Pledge for 2017/18 School Year: _____

I will pay for my pledge (please choose one):

- One payment
- Monthly payments (9)
- Other frequency (specify): _____

My gift should be credited to (choose one):

- Me
- My business/organization

Please list your employer(s) so that we can let you know if they offer a matching gift program:

If you choose to pay in multiple installments, you will receive coupons to make submitting payments more convenient. **Checks should be payable to *Civano Community School* and marked *Community Donation Fund* in the memo.** Sorry, online payments are not currently available.

Thank you for your support!

For office use only:

Date received _____ Amount Received _____ Check # _____ Receipt Issued Pledge Recorded