

This form allows you to create a multi-year pledge to Dance Alive National Ballet and set up a schedule to receive reminder notices by mail or If you desire to set up automatic payments by credit

Pledge Amount I/We pledge to giv	ve \$			
	pay by check or cre		ased on the sch	edule you determine is best for you.
☐ Monthly ☐	Quarterly 🔲 S	Semi-annually 🔲	Annually	
I prefer: Dance	e Alive to automatica	ally charge my cred	it card Dand	ce Aliive to send me a reminder for paymen
Duration of paym	ents (number of yea	rs)	Start Date	
Signature		Date		
Signature		Date		
Enclosed is the first Check (paya Credit card or debit	ble to Dance Alive Na	tional Ballet)		
As specified above, Visa Ma	I authorize Dance Aliv sterCard Discover	- American Expre	SS	Exmination Data
				Expiration Date _ Security Code
•	rd billing address is the provide billing addres:			
Signature	·	Date		
I anticipate that my	gift will be matched b	Matching Gifts y (specify company)		
		edge Form Donor	Information	
Name			0 1.	
Street address	7:n C - J -	Tolonkow (City	(cell)
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Mail form to: Dance Alive National Ballet, 1325 NE 2nd Street Gainesville, FL 32601

Contact us at: Phone.Fax (352) 371-2986 Email: dalive@bellsouth.net

Dance Alive National Ballet is a registered 502x(3) non-profit organization. All contributions are tax-deductible