

DANCE ALIVE

NATIONAL BALLET

THE COLLIER COMPANIES CHALLENGE GRANT 2024-2029

I and/or We, _____ hereby make the first payment of a five (5) year pledge to Dance Alive, Inc. ("Dance Alive National Ballet") in the amount of \$ _____ annually for five (5) years. I understand that Collier Companies will match this gift within three (3) months of the payment of each gift.

The beginning date of the CHALLENGE GRANT is June 1, 2024.

I will begin funding my first year pledge payment on _____. (date)

I understand that I will make my pledge and payment directly to Dance Alive, Inc., and that Dance Alive, Inc. will bill The Collier Companies for payment for the matching gift.

MAIL FORM TO: _____ Or EMAIL TO: kim@dancealive.org
Dance Alive National Ballet
ATTN: Kim Tuttle
1325 NW 2nd Street
Gainesville, Florida 32601

PRINTED NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

DATE _____

CREDIT CARD: _____ VISA _____ MASTER CARD _____ AMEX _____ DISCOVER

CARD NUMBER _____

EXPIRATION DATE _____ / _____ CCV _____

SIGNATURE _____

