

# GREENHILL

CENTER FOR NORTH CAROLINA ART

## Pledge/Payment Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone

Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I pledge a total gift of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_ over five years.

### PAYMENT METHOD

#### 1. Scheduled Payments: *Check Appropriate*

Monthly     Quarterly     Semi-Annually     Annually

Amount to bill: \$ \_\_\_\_\_ Beginning: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

#### 2: Form of Payment: Check Credit Card Stock

Credit Card Information: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV # (3 digits) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have my permission to list my name as donor.

I wish to remain anonymous.