



# PLEDGE FORM

## Donor Contact Information

First Name

Last Name

Home Address

City

State

Zip

Work Email

Home Email

Phone Number

Company Name

## ArtsKC Giving Options

**Payroll Deduction** | Amount Per Pay Period: \$40 \$20 \$10 Other \$\_\_\_\_\_

Number of Pay Periods Annually

Total Annual Gift

**Check Enclosed** \$ \_\_\_\_\_ **Check #** \_\_\_\_\_  
*(made payable to ArtsKC)*

**Credit Card** \$ \_\_\_\_\_ **Per:** One-Time Monthly Quarterly

Card Number

Exp Date

CVV

**Text-To-Give** Text "ArtsKC" to 56512 | Select Amount/Frequency | "Invest Now"

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