



**CONTRIBUTION / PLEDGE FORM**

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

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

City, State & Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

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

Please print your name as you wish to be recognized: \_\_\_\_\_

I prefer to be anonymous, please do not include my name in program listings

My gift will be matched by: \_\_\_\_\_

**CONTRIBUTION**

My payment is enclosed

Please charge \$\_\_\_\_\_ to my American Express, Discover, MasterCard or Visa.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEDGE**

I pledge to contribute \$\_\_\_\_\_ to support Ballet Tech.

Ballet Tech can expect payment in full on or about \_\_\_\_\_ (insert date).

I wish to pay in installments of \$\_\_\_\_\_ on each of the following dates: \_\_\_\_\_

\_\_\_\_\_

Please send me an invoice prior to each payment date.

Please automatically charge my credit card listed above.

I have named Ballet Tech in my will.  
 I would like to learn more about making a bequest.



**PLEASE SEND THIS FORM TO:**

Development Department  
Ballet Tech Foundation, Inc.  
890 Broadway  
New York, NY 10003

**OR FAX:**

(646) 537-2629

All contributions are tax-deductible to the extent provided by law.

A copy of the most recent annual financial report may be obtained, upon request, from Ballet Tech Foundation, Inc. or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, New York, 10271.