



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 during FY17 (ending June 30, 2017).

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.