



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.

Please charge a monthly gift of \$_____ 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 at www.charitiesnys.com or (212) 416-8816.