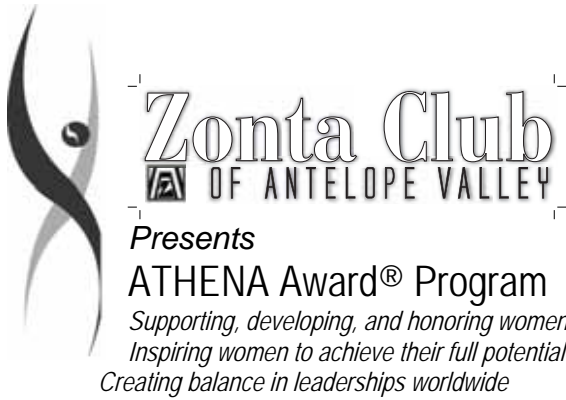


# Pledge Form



## Sponsor Information (please print or type)

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

Billing Address:		City:		State:		Zip Code:	
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Phone:		Email:	
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Company Name:	
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## Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  
 now     September     October     November

I (we) plan to make this contribution in the form of:  
 cash     check     credit card

Credit Card Type	
Credit Card Number	
Expiration date	
Authorized Signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation)  
 form enclosed     form will be forwarded

## Acknowledgment Information

Please use the following name(s) in all acknowledgements:

<input type="checkbox"/> I (we) wish to have our gift remain anonymous

Signature(s):
Date:

Please make checks, corporate matches, or other gift payable: **Zonta Foundation of Antelope Valley**  
Mail to: Zonta Foundation of AV, attn ATHENA, PO Box 1322, Lancaster, CA 93584

ZONTA FOUNDATION TAX DEDUCTIBLE: 501C(3) #95-4607173

Zonta Foundation of Antelope Valley | PO Box 1322 | Lancaster, CA 93584 | [athena@avzonta.org](mailto:athena@avzonta.org)

[www.avzonta.org](http://www.avzonta.org)