

PLEDGE COMMITMENT

In support of the **Terence Netter Creative Center Capital Campaign**, and to help meet the fundraising objectives which support Gallery North, its clients, volunteers and staff,

I/We Confirm our intent to contribute a grand total of: \$ _____

PLEDGE FULFILLMENT

I/We prefer to fulfill this pledge:

Monthly Quarterly Semi-Annually Annually

I/We prefer to make payment to this pledge via:

Debit/Direct Deposit (please complete your information on the back)

Credit Card (please complete your information on the back)

Personal/Corporate Check (make payable to Gallery North)

Appreciated Securities (please contact Erin Smith at 631.751.2676)

I/We prefer to make payment to this pledge via:

Email (please provide below) U.S. Mail (please provide address below)

*NOTE: If you expect a corporate match to your pledge payment(s), please do not include that amount in the total amount of YOUR pledge. List it separately here. _____ →

Please enter custom payment schedule by month/year with payment amounts:

1. _____ \$ _____
MM/DD/YYYY AMOUNT

2. _____ \$ _____
MM/DD/YYYY AMOUNT

3. _____ \$ _____
MM/DD/YYYY AMOUNT

4. _____ \$ _____
MM/DD/YYYY AMOUNT

5. _____ \$ _____
MM/DD/YYYY AMOUNT

Total Amount: \$ _____

Total Corporate Match Amount* \$ _____

CONTRIBUTOR INFORMATION

This pledge is made by:

Individual Family Business or Corporation Organization

Contributor Full Name/Family: _____

Contributor Spouse/Partner: _____

Contributor Company/Organization Name: _____

Company/Organization Contact Name: _____

Preferred name to appear on Donor Recognition: _____

Please send information on bequests and lifetime income gifts.

I/We wish to remain anonymous

Street Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Cell Work Personal

Email Address: _____

Gifts to Gallery North are tax deductible as charitable contributions under Internal Revenue Service Code Sec. 170. **Gallery North's federal tax identification number is 11-2368016.** This Pledge Agreement may be altered or amended only by a subsequent agreement executed in writing by the Donor and Gallery North. This Pledge Agreement shall be constructed in accordance with and governed by the laws of the State of New York.



AUTHORIZATION FOR DEBIT/DIRECT DEPOSIT PAYMENTS

This section must be filled out completely for proper authorization

I/We authorize Gallery North to deduct funds from my/our:

- Personal Checking Account
- Personal Savings Account
- Business/Corporate Checking Account

I/We authorize this deduction for:

- the initial pledge payment of \$ _____ upon receipt and signature of this pledge form.
- installment pledge payments of \$ _____ according to the agreed-upon fulfillment schedule, starting on ____/____/____
- the full pledge amount of \$ _____

IMPORTANT: Please attach a BLANK VOIDED CHECK to this form.

Account-holder Name(s): _____

Financial Institution: _____

Account #: _____

Routing#: _____

Authorized Signature: _____

Date: ____/____/____

Direct debit transactions are processed weekly.

AUTHORIZATION FOR CREDIT CARD PAYMENTS

This section must be filled out completely for proper authorization

I/We authorize Gallery North to charge my/our:

- Mastercard Visa AMEX Discover

I/We authorize this credit charge for:

- the initial pledge payment of \$ _____ upon receipt and signature of this pledge form.
- installment pledge payments of \$ _____ according to the agreed-upon fulfillment schedule, starting on ____/____/____
- the full pledge amount of \$ _____

Name on Credit Card: _____

Credit Card Account #: _____

Exp. Date: ____/____/____ CVV#: _____

Authorized Signature: _____

Date: ____/____/____

- Billing address is the same as listed on front of form
- Billing address is different and provided below:

City: _____ State: _____ Zip: _____

Credit card transactions are processed weekly. To cover credit card payment processing costs, there will be a 3% per transaction fee charged to your card.

All financial information provided to Gallery North is kept strictly confidential and secure. No personal contributor information is ever shared with any outside parties for any reason. Please keep a copy of this agreement with your financial records for tax purposes.