

Pledge Form

Unbound Visual Arts
43 N. Beacon St.
Allston. MA 02134



Personal Details

Name: _____ Signature: _____ Date: _____
(PRINTED REQUIRED) (REQUIRED) (REQUIRED)

I willingly pledge and agree to contribute the sum of \$ _____ according to the following terms:

- One time contribution \$ _____
- Multiply contribution installments. Payment 1: \$ _____ Payment 2: \$ _____ Payment 3: \$ _____

Payment

- Check enclosed
- Beginning on (date) _____ / _____ / _____, please send me a payment reminder (circle one: Quarterly / Semi-annually / Annually) until my pledge is complete.
- I prefer reminders through mail I prefer reminders through email

Mailing Address

Full Name: _____ Phone: _____

Address 1: _____ Email: _____

Address 2: _____

City: _____ State: _____ Zip: _____

- My employer will match my donation. Employer Name: _____
- Please send employer matching forms with this pledge agreement.

Thank You For Your Support!

