Annual Fund Pledge Form

DONOR INFORMATION		
Name		
Address		
City	State/Province	Zip/Postal Code
Phone	E-Mail	
PLEDGE INFORMATION		
☐ A one-time gift of		
Amount \$		
Pledge Fulfillment Date _		
☐ A recurring gift of \$	to be charged monthly on	the first of the month
PAYMENT INFORMATION ☐ A check will be mailed by ple	dge fulfillment date (payable to	o National Flute Association)
\square I will give through PayPaI usi	ng the QR code below	
$\hfill \square$ I authorize the National Flute	Association to charge my crec	dit card
☐ MasterCard ☐ Visa ☐ □	Discover	
Card Number		Expiration Date
Card Holder Name		Security Code
Billing Address (if different from	above)	
Signature		Date

PLEDGE NOTES

Please include any notes pertinent to this pledge. If this gift is in honor or in memory of someone, please indicate their name here and who should be notified (include name, address, and email).

Submit completed form to:

National Flute Association, 70 East Lake Street, Suite 200 Chicago, IL 60601 Phone: (312) 332-6682 | Fax (312) 332-6684 mwilliams@nfaonline.org | www.nfaonline.org/giving



PayPal