

Building a Legacy

Enriching Lives

501(c)(3) ID#82-3048722	DON	IATION and future PLE	DGE FORM
Between			
Donor name and address (email/ph optional)			
and the Philomath Performing Arts Benefit Fund, Inc., PO Box 11, Philomath, OR 97370			
I/We,		wish to affirm our	support of
I/We, wish to affirm our support of and commitment to quality performing arts education through a gift to the Philomath Performing Arts (PPA) Benefit Fund. This agreement describes the intent and basis for my/our pledge to the PPA Benefit Fund. I/we understand that the PPA Benefit Fund is a charitable organization and is fully qualified to receive charitable gifts.			
Enclosed is my/our DONATION of (Amou	ınt) \$		_ to support:
The PPA Benefit ENDOWMENT Fund, invested through Philomath Community Foundation, a 501(c)(3) Or, The PPA Benefit Fund Immediate needs other, please specify:			
I/We PLEDGE a total gift of (Amount) \$			
Pledge Payment Schedule			
I/We plan to fulfill my/our pledge over the next (#) years, with installments to be paid			
□ monthly / □ quarterly / □ annually, starting on (date)			
(PPABF bank info is available for auto bill pay – please email request to: info@philomathPA.com)			
Pledge Payment Details			
Month / Year	Amount		
Month / Year	Amount		
Month / Year	Amount		
Month / Year	Amount		
Month / Year	Amount		
Donor Signature		Date	
Donor Signature		Date	

Thank you for your support of the Philomath Performing Arts Benefit Fund!