



ART PARK

PLEDGE FORM

Donor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

E-mail _____

Pledge Information:

I (we) wish to support the Missoula Art Park as follows:

Total Gift \$ _____ Enclosed: \$ _____ Balance: \$ _____

The balance is to be paid in the following increments:

\$ _____ Monthly, beginning on _____

\$ _____ Quarterly, beginning on _____

\$ _____ Yearly, beginning on _____

My/our gift will be matched by the following: _____

Contribution form:

I (we) will contribute in the form of check credit card stock

Card Number _____

Expiration Date ____ / ____ CW (# on back) _____

Signature _____

Donor Recognition

Donor(s) may be recognized publicly as named above or as:

Pledge signature(s) _____ Date _____

Send pledge statements and payments to

MAM, 335 N. Pattee Missoula, MT 59802 **OR**

Adventury Cycling Association, 150 E. Pine, Missoula, MT 59802

Thank you for supporting the Missoula Art Park!



ART PAK