

The HARID Conservatory

Sustaining Contributor Pledge Form

As a Sustaining Contributor. I wish to pledge a monthly gift in the amount of (minimum \$5):

\$10 \$15 \$20 \$25 Other _____

Please process my monthly gift on the: 1st 10th 16th 20th 25th day of each month.
(You can change or cancel you monthly pledge at any time by calling Annabel Russell, 561-997-2677.)

Deduct my monthly gift from my checking account via electronic fund transfer (EFT).
I have enclosed a voided check bearing my account information.

Charge my monthly gift to my credit card. (Please provide your card information below.)

At this time, I prefer to make a single contribution.

I have enclosed a check, payable to The HARID Conservatory.

Charge my one-time gift, in the amount of \$ _____, to my credit card.

Credit Card Information:

VISA Master Card Discover American Express

Card #: _____ Expires: ____ / ____ Security #: _____

Cardholder authorization: _____ Date: _____

Please provide your personal information:

Dr. Mr. Mrs. Ms.

Name (First/Last): _____

Name for listing: _____ Anonymous

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Optional:

This gift is made In Honor of; In Memory of _____

Please send acknowledgement of my gift to: _____

Mailing address: _____

Thank you for your generous support.

Please return this completed form (and, if applicable, your voided check) to:
The HARID Conservatory ▪ Attn: Annabel Russell ▪ 2285 Potomac Road, FL 33431