



WYOMING **ART FOR THE CURE**
A Celebration of Art and Life

Sponsorship Pledge Form

Donor Information (please print or type)

| | |
|-----------------------|--|
| Donor Name/Contact | |
| Billing address | |
| City | |
| State | |
| ZIP Code | |
| Telephone (main) | |
| Telephone (alternate) | |
| Fax | |
| E-Mail | |

Pledge Information

Level of Donation: Premier Magenta Fuchsia Hot Pink In-Kind

I (we) pledge a total of \$_____ to be paid in full by _____.

I (we) plan to make this contribution in the form of:
 ___ cash ___ check ___ credit card ___ other.

| | |
|----------------------|--|
| Credit card type | |
| Credit card number | |
| Expiration date | |
| Authorized signature | |

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

| |
|--|
| |
|--|

___ I (we) wish to have our gift remain anonymous.

| |
|--------------|
| Signature(s) |
| Date |

OFFICE USE ONLY:

AFTC Representative:

Mtg. Date:

Paid Date:

Notes/Special Instructions: