Dolly Parton Imagination Library Pledge Form

PERSONAL INFORMATION

Donor: |__|__|__| |__|__|__|__|__|__|__|__|__|__|__| |__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Mr/Mrs/Ms/Dr FIRST NAME MI LAST NAME

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|
HOME ADDRESS CITY

|__|__| |__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|
STATE ZIP CODE HOME PHONE DAYTIME PHONE

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
COMPANY NAME

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
HOME E-MAIL ADDRESS

GIFT OPTIONS Choose a payment option.

- ❑ **ONE TIME GIFT**
  - o CASH: Amount: $ ________
  - o CHECK: Amount: $ ________ Check#: ________
    enclosed (Payable to United Way of Northern Arizona)
  - o CREDIT CARD VISA / MC / AMEX / DISC (circle one)

    Charge: $__________Card Number______________________________________ Exp. ___/___

TOTAL GIFT AMOUNT $________________

PLEASE SIGN AND DATE

SIGNATURE: ____ **DATE:** ____________
Required (your signature authorizes your pledge)

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