OLD TOWN ACADEMY FOUNDATION
A 501(c)(3) Organization
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OTA WINE & DINE GALA PLEDGE FORM

Wine & Dine Gala Member: _____ Date: _____

Donor: _____ Contact: _____

Address: _____

City, State, Zip: _____ Fax #: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____ Web Site: _____

CASH DONATION:

Amount $ _____ _____ Check Enclosed (make payable to OTA Foundation)

_____ Please charge my credit card

CC Number: _____-_____-_____-_____ Exp: _____/_____ CVV#: _____

Signature: _____ Billing Zip Code: _____

IN-KIND DONATION

FAIR MARKET VALUE: $_____

Donation Description: _____

_____

Limitations or restrictions (if applicable): _____

_____

When the OTA Foundation has received your product, gift certificate or donation, a receipt or letter of acknowledgement will be mailed. Thank you for your contribution to this worthy event and cause!

PLEASE MAIL PRODUCT AND/OR FAX THE PLEDGE SHEET TO THE ADDRESS/FAX # AS LISTED ABOVE.

NOTE: Deadline for inclusion into the Gala Program is April 1st. Name will appear as listed above for Donor.