

Yes! I want to support Juneau Jazz & Classics

Contact Information

Name: _____

(as it should appear in published acknowledgments)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

- I/we would like to remain anonymous
- This gift is being made in honor of _____
- This gift is being made in memory of _____

Gift Information

Donation Amount: \$ _____

Method of Payment (please circle): MC or VISA or Check (to Juneau Jazz & Classics)

Card # _____ Exp. Date _____

Does your company have a **matching gift program** for non-profit organizations?

Enclosed is my company's matching gift form

OR

I/we would like to make a **pledge** of \$ _____ beginning _____ (date).

First payment is enclosed.

Please automatically charge the above credit card for my/our pledge.

Payment Schedule:

- 1 payment of \$ _____
- 2 biannual payments of \$ _____
- 4 quarterly payments of \$ _____
- 12 monthly payments of \$ _____
- Other _____

Reminder:

- Please send reminder when payment is due
- Do not send reminder

Please return this form with payment information to:

Sandy Fortier, Executive Director
Juneau Jazz & Classics
PO Box 22152
Juneau, AK 99802

Fax: (907) 586-2148
Phone: (907) 463-3378
sandy@jazzandclassics.org

Thank you for your support!