

Tax Deductible Pledge Form



Foundation for the Advancement and Support of the Tennessee Walking Show Horse

501(C3) NON PROFIT

Legal/Preservation Fund

Donor Information (please print or type)

Name

Billing address

City, ST Zip Code

Phone 1 | Phone 2

Fax | Email

Pledge Information

I (we) pledge a total of \$_____ to be paid: now

billed one time monthly quarterly

yearly

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

Credit card type | Exp. date

Credit card number

Authorized signature

(optional) Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

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

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

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

FAST
P. O. BOX 259
SHELBYVILLE, TN 3716