

PGMC Pledge Form

Name: _____
Address: _____ City _____ State _____ Zip _____
Email: _____ Tel: _____

Giving Levels: (Check your Option)

- Friend (up to \$99) Chorister (\$100-359) PGMC Anniversary Giving Circle (\$360-499)

Director's Circle

- Virtuoso (\$500-999) Star (\$1,000-2,499) Diva (\$2,500-4,999) Maestro (\$5,000-9,999)
 Impresario (\$10,000-24,999) Visionary (\$25,000+)

I will make my gift in the following manner:

1. Sustaining pledge (minimum contribution \$5/month) in the amount of \$ _____/month.
 2. Annual pledge (paid out over 12 months) in the amount of \$ _____
 Monthly Quarterly Annually Start Date _____
 3. One-time gift of \$ _____

Financial Information I will pay my pledge in the following way:

- Check
 VISA/MC/AMEX. _____ Exp. _____

Signature: _____ **Date:** _____

Friends & family: Please link my gift with the pledge of: _____

My company will match my donation. Yes No

My company may consider a PGMC sponsorship. Yes No

My company would consider a PGMC program ad. Yes No

Company: _____ Contact: _____

May we list you as a donor of PGMC? Yes No

Thank you for making an investment in the mission of the Portland Gay Men's Chorus!

EXECUTIVE DIRECTOR | EXECUTIVEDIRECTOR@PDXGMC.ORG | 503/226-2588

PO BOX 3223 PORTLAND, OR 97208-3223 | WWW.PDXGMC.ORG
PGMC IS A 501(C)(3) NON-PROFIT CORPORATION | TAX ID 93-0776616