

TheAP 5for5 Campaign Pledge Form

Donor(s)					
Address					
City		State _		Zip	
Home Phone	lome Phone C		_ Cell Pho	Cell Phone	
Email					
	ı commit to a non	-refundable		\$5,000 per year for 5 years, payable ent is \$25,000 over the set timeframe.	
YES, I (we) want to contribute to TheAP Capital Campaign					
I (we) have encl	osed a gift of \$				
I (we) wish to pl	edge this amou	nt \$			
to be paid over	1	2 3	4	5	
frequency:	monthly	quarterly	yearly		

Contribution Form

I (we) plan to make my (our) contribution in the form of:

Cash Check Online

For stock or property donations, please contact Scott Seidl at s.seidl@augustaplayers.org
For credit card donations please visit theapcampaign.com

I (we) wish to make a gift by direct electronic funds transfer (EFT) from my (our) checking or savings account.

You will be contacted by Scott Seidl at s.seidl@augustaplayers.org