## Pledge Form

## Maryland Opera, Inc.



1900 St. Paul Street Baltimore, Maryland 21218 Phone: 484-678-6041

Completed form should be mailed to Maryland Opera at the above address or emailed to info@marylandopera.org.

Donor Information (please print or type)			
Name			
Billing address			
City, State, Zip Code			
Phone			
Fax   Email			
Pledge Information	l		
I (we) pledge a total of \$			
Payment(s) will be paid in the amount of $\qquad$ $\square$ monthly $\square$ quarterly $\square$ yearly			
☐ Other:			
I (we) plan to make this co	ontribution in the form of: $\Box$ ca	sh □check	
□Other:			
Acknowledgement			
Please use the following n	ame(s) in all acknowledgemen	ts:	
$\square$ I (we) wish to have our	gift remain anonymous.		
Signature(s)		Date	