

ADLER

PLANETARIUM

PLEDGE FORM ADLER ANNUAL FUND

Yes! I would like to support the Adler Planetarium with a pledge of \$_____ to be paid in installments (as indicated below).
(total amount)

Name (s): _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Telephone: _____
E-mail: _____

Name (s) as you would like it to appear in print:

Please choose a method of payment:

Charge my credit card:

___ MasterCard ___ Visa ___ American Express ___ Discover

Card Number: _____ Exp. Date: _____

I hereby authorize the Adler Planetarium to charge this credit card in the amount of \$_____.____ in each of the following months:

<u>Month</u>	<u>Year</u>	<u>Month</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit card pledges will be charged within the first week of each month selected.

Signature: _____ Date: _____

Please bill me