



## Friends of the Portland Community Gardens 25<sup>th</sup> Anniversary Supporter Pledge Form

Name(s): \_\_\_\_\_

\_\_\_\_\_

Name of Company, if applicable:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Supporters Pledge Amount: \$ \_\_\_\_\_

How do you prefer to make your 25<sup>th</sup> Anniversary Gift?

Check enclosed

Please invoice the firm. The billing contact is \_\_\_\_\_

Please charge the following credit card:

Name on card \_\_\_\_\_

Credit card number \_\_\_\_\_