



Donor Information (please print)

Organization/or Name _____

Location/Address _____
Street and/or P. O. Box

_____ City _____ State _____ Zip Code _____

Title _____ Telephone _____

Signature (required) _____ Date _____

Pledge and Giving Options

I/My organization wish to contribute a total of \$ _____ to the Imagination Library Program in Montgomery County through:

_____ My/Our pledge: To be payable over _____ years, beginning in 20____. Please have the United Way of the Greater Clarksville Region send a reminder notice as indicated in our billing information, below.

_____ A one-time gift: Payment enclosed (check number _____), or ... Please invoice us for this pledge as indicated below

_____ Sponsoring a child: I/we wish to sponsor _____ child's/children's participation in this program for five (5) years at a cost of \$140 per child, for a total sponsorship gift of: \$ _____
 Payment enclosed (check number _____), or ... Please invoice us for this pledge as indicated below

*Please make checks payable to:
Montgomery County Imagination Library*

*Send your pledge form and payment(s) to:
United Way of the Greater Clarksville Region
1300 Madison Street
Clarksville, TN 37040*

Billing Information:

_____ I/my organization wants the United Way to send a reminder notice for our pledge as follows:

Equal installments: monthly quarterly semi-annually

OR ... annually on _____
Please insert preferred date for annual billing

Billing Address (if different from above):

Organization/Name _____

To the Attention of _____

Street/P. O. Box _____

City, State, Zip Code _____

Thank You!