Cornwall Arts Centre

Pledge Form



Be the Link! Campaign Mission Statement

We are working together to raise funds in the community for an arts & culture centre with a performance venue and exhibition space to support the arts, promote tourism and attract new businesses and employment.

Donor Information (please print or type)

Donor:				
Contact Last Name:	First Name:			
Address:	City:	Prov:	PC:	
Billing Address (if different from	om above)			
Home Phone:	Business Phone:	Cell Ph	Cell Phone:	
Email:				
Pledge Information				
I (we) pledge a total of \$ to be paid by check (payable to City of Cornwall – Art Trust Fund) □Now □Monthly □quarterly □yearly		Tax receipt requested (automatic for donations of \$20 or more)		
Or a total of \$	over 5 years, in annual instalme	ents of \$	each.	
Acknowledgement Informat	ion			
Please use the following name	e(s) in all acknowledgements:			
□I (we) wish to have our gift r	emain anonymous.			
Signature(s):		Date:		
(signature is requi	ired for authorization of pledge)			
Please return the complete	ed form and mail to or drop off:	PO box 877	Street East, Suite 104	

THANK YOU FOR YOUR GENEROUS SUPPORT