



## PLEDGE FORM

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Name \_\_\_\_\_

Recognition (if different) \_\_\_\_\_ ☐ I wish to remain Anonymous

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment ☐ Check Enclosed ☐ Credit Card ☐ Bill me later (date) \_\_\_\_\_

Amount \_\_\_\_\_

Card Number \_\_\_\_\_ CVV No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please make all Checks payable to Orlando Shakes***

812 E Rollins St. Orlando, FL 32803  
407-447-1700  
[www.orlandoshakes.org](http://www.orlandoshakes.org)