

# Annual Fund Pledge Agreement

## Alliance Française Mpls/St Paul

Name of Contributor(s): \_\_\_\_\_

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

Phone: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (m): \_\_\_\_\_

### Pledge Amount

I/we wish to pledge \$ \_\_\_\_\_ over \_\_\_\_ month(s) to AFMSP's Annual Fund.

### I/we will make payments as follows:

- Full pledge amount is enclosed.
- Equal payments quarterly beginning \_\_\_\_\_  
*Dates of forecasted quarterly payments:*  
1) \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_/\_\_\_/\_\_\_ 3) \_\_\_/\_\_\_/\_\_\_ 4) \_\_\_/\_\_\_/\_\_\_
- Equal payments monthly, beginning \_\_\_\_\_, on the \_\_\_ day of each month.
- Other: \_\_\_\_\_

### Payment method:

- Enclosed is my check payable to: **Alliance Française Mpls-St Paul**
- Please charge payments to: Visa MasterCard American Express (please circle)  
Card Number: \_\_\_\_\_ exp: \_\_\_\_\_ cvv: \_\_\_\_\_  
Signature \_\_\_\_\_ Zip Code \_\_\_\_\_
- Please send monthly/quarterly invoices to the email address above.
- Stock \_\_\_\_\_
- Other: \_\_\_\_\_

### Gift Acknowledgement:

- Please acknowledge my contribution, understanding that recognizing donors can be an encouragement for others to contribute.
- I/we wish to remain anonymous regarding my contribution.
- I/we have special requirements regarding recognition of my gift, as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return form by email to: [development@afmsp.org](mailto:development@afmsp.org)

Or by mail: **Alliance Francaise Mpls-St Paul**

Attn: Rachel Joyeux, Development Director  
227 Colfax Avenue N  
Minneapolis MN 55405

*MERCI POUR VOTRE SOUTIEN.*