



Bridge to a Shared Perspective
109 N Church Street P.O. Box 134
Hertford NC 27944
(252) 426-3041



I wish to make a donation/pledge in the amount of \$_____.

Date established: _____.

Pledges may be paid over three years

Installment period:

Annually Semi-annual Quarterly Monthly

Pledge Payment Start Date		Installment amount:		Last Installment due date:	
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Name: _____

Address: _____

Home Phone _____ Work Phone _____

Email: _____

Please designate my gift to Perquimans Arts League, Bridge to a Shared Perspective

Method of Payment

- Cash
- Enclosed is a check made out to the Perquimans Arts League
- Stock

Stock Name: _____ # Shares _____

Approximate value of stock: \$ _____

To charge your credit card:

- AMEX MasterCard VISA Discover

Card #: _____

Exp. Date: _____ Security Code: _____

Name as it appears on card: _____

Signature: _____

Thank you for your support of Perquimans Arts League's *Bridge to a Shared Perspective*