



AUGUSTA SYMPHONY

2024-25 ANNUAL FUND PLEDGE

YES! I would like to support the Augusta Symphony!

2024-25 Annual Fund Pledge: \$ _____

- Enclosed is my check payable to Augusta Symphony
- I would like to set up an ACH payment plan as an automatic draft from my bank account (ACH authorization below)
- My gift will be matched by _____ Total match amount: \$ _____
- I would like to include the Augusta Symphony in my estate

Donor Information

Name: _____

Address: _____

Phone: _____ Email: _____

Please recognize my/our gift as: _____

Signature: _____ Date: _____

ACH Authorization

I hereby authorize: Augusta Symphony Inc. to initiate debit/drafts from my:

[] checking account [] savings account

My account will be debited on the 15th day of the month (or next business day thereafter) as follows:

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

- My bank information has not changed from last year.

NAME OF BANK: _____

CITY / STATE: _____

ACCOUNT NAME: _____

BANK ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authority will remain in full force and effect until such time as Augusta Symphony, Inc. has received written notification from me that the draft authorization has been revoked. This agreement shall be automatically terminated at such time as all payments specified have been drafted in full. It is further provided that written notification of termination, by either party, shall be provided in such a time and manner as to afford either party reasonable opportunity to act on it.

Signature of Account Owner

Date