

2025-26 ANNUAL FUND PLEDGE

YES! I would like to support the Augusta Symphony!

2025-26 Annual Fund Pledge: \$_____

 Enclosed is my check payable t 	to Augusta Symphony	
\square I would like to set up an ACH p	payment plan as an automatic draft from my bank accou	nt (ACH authorization below)
\square My gift will be matched by	Total match amount: \$	
\square I would like to include the Aug	usta Symphony in my estate	
Donor Information		
Name:		
Address:		
Phone:	Email:	_
Signature:	Date:	
ACH Authorization		
I hereby authorize: Augusta Symphony [] checking account []	•	
My account will be debited on the 15 th d	day of the month (or next business day thereafter) as foll	ows:
	ting debit or credit entry may be made to correct an erroor debit my account for the correcting entries. I duly cert rinto this agreement.	
\square My bank information has not cl	hanged from last year.	
NAME OF BANK:		
CITY/STATE:		
ACCOUNT NAME:		
	ACCOUNT NUMBER:	
that the draft authorization has been rev specified have been drafted in full. It is for	nd effect until such time as Augusta Symphony, Inc. has a voked. This agreement shall be automatically terminated further provided that written notification of termination, her party reasonable opportunity to act on it.	l at such time as all payments