

Community Low Cost Airline Initiative Pledge Form

The Great Falls Area Chamber of Commerce will advocate, promote, network, and support businesses in the Greater Great Falls trade area to enable their growth and prosperity.

Donor Information (please print or type)

| | |
|---------------------------|--|
| Name | |
| Business Name | |
| Billing address | |
| City, State, Zip Code | |
| Telephone (business) | |
| Telephone (home) | |
| Fax | |
| E-Mail | |
| E-Mail (2 nd) | |

Pledge Information

I (we) pledge a total of \$_____ .

_____ I would be able to pay the full amount of my pledge by August 1, 2019.

(If not all – how much of total pledge by August 1, 2019? \$_____.) I understand I will be invoiced for the remaining amount over the next two years in equal amounts.

I (we) plan to make this contribution in the form of:

_____ Cash _____ Check _____ Credit Card _____ other (Other _____.)

| | |
|-----------------------|--|
| Credit card type | |
| Credit card number | |
| CVV Number (3 digits) | |
| Expiration date | |
| Authorized signature | |

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

| |
|--------------|
| |
| Signature(s) |
| Date |

Please make checks, corporate matches, or other contributions payable to:

Great Falls Chamber Foundation, 100 1st Avenue North, Great Falls, Montana 59401
A 501(c)3 entity. EIN: 36-3658000