



20 West Broad Street
Hazleton, PA 18201
www.downtownhazleton.org
570-455-1509 Ext. 23

Pledge Form

Donor Information (please print or type)

NAME/COMPANY _____

PRIMARY CONTACT _____

BILLING ADDRESS _____

CITY, STATE ZIP CODE _____

PHONE 1 | PHONE 2 _____

FAX | EMAIL _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: ☐ now (2014) ☐ annually (2014-2019) ☐ other _____

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ other _____
[checks should be made payable to the Downtown Hazleton Alliance for Progress]

Special instructions: _____

Acknowledgement Information

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

☐ I (we) wish to have our donation remain anonymous.

SIGNATURE(S)

DATE

PLEASE RETURN FORM TO:
Downtown Hazleton Alliance for Progress
20 W. Broad Street
Hazleton, PA 18201