

Friends of Jazz in June Pledge Form

_____ Yes! I want to support Jazz In June! Here is my donation of:

_____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000

Other: _____

_____ My employer has a matching gift program. The appropriate form is enclosed.

Name*

City*

State*

Zip*

E-mail Address

*Required for tax receipt.

The name or names that should appear in the Friends of Jazz in June acknowledgments:

(Please Print)

_____ I (we) do not wish to be recognized for this contribution.

Payment Method: _____ Check Enclosed _____ Visa _____ MasterCard

Credit Card Number

Expiration Date

Security Code

Mail to: Jazz In June Development Office, P.O. Box 2405, Norman, OK 73070-2405