



Support Pledge 2019-2023

Firm Name: _____

Name: _____ Title: _____

Billing Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Authorized Signature: _____ Date: _____

Please make checks payable to: The Burlington/West Burlington Area Development Foundation

Please mail checks to: The Burlington/West Burlington Area Development Foundation
610 N. 4th Street, Suite 200
Burlington, IA 52601

Our pledge to support the *Partnering with the Future III* five-year initiative will be paid as follows:

Amount		Choose Date of Payment
\$ _____	in 2019	January 1st _____
\$ _____	in 2020	April 1st _____
\$ _____	in 2021	July 1st _____
\$ _____	in 2022	October 1st _____
\$ _____	in 2023	
\$ _____	Total	

For payments quarterly or semi-annually please specify below:
