

Yes! I would like to support the Adler Planetarium with a pledge of \$_____ to be paid in installments (as indicated below).
(total amount)

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

E-mail: _____

Annual Fund members are recognized in the Adler Planetarium Annual Report. Please specify how you would like your name printed.

Charge my credit card:

___ MasterCard ___ Visa ___ American Express ___ Discover

Card Number: _____

Exp. Date: _____ Sec. Code: _____

I hereby authorize the Adler Planetarium to charge this credit card in the amount of \$_____.____ in each of the following months:

| <u>Month</u> | <u>Year</u> | <u>Month</u> | <u>Year</u> |
|--------------|-------------|--------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Credit card pledges will be charged within the first week of each month.

Signature: _____ Date: _____