

Naming Opportunities Pledge Form



I/We,				
am/are pleased to pledge \$				
for the		_ naming opportunity.		
I/We have enclosed \$	Addition	onal payments of \$	will be	
made: quarterly	_ annually	monthly over the	next years.	
Payments will begin		_•		
Please list name(s) as you wis	sh them to appea	r in on the sign and ot	her recognition pieces.	
Address				
City	State	Zip	Telephone Number	
Email				
Signature:				
Please make checks payable	to Charlottesvill	e-Albemarle SPCA.		
To pay by credit card: $\mp V$	isa ∓ Mastero	eard		
Account number		Exp. Date		

For questions or information on other ways to give, please contact us at (434) 964-3320 or development@caspca.org

The Charlottesville-Albemarle SPCA is a section 501(c)(3) non-profit charitable organization. Your gift is tax deductible in accordance with current tax law.