

Community Low Cost Airfare Initiative Pledge Form

The Great Falls Area Chamber of Commerce will advocate, promote, network, and support businesses in the Greater Great Falls trade area to enable their growth and prosperity.

Donor Information (please print or type)

Name	
Business Name	
Billing address	
City, State, Zip Code	
Telephone (business)	
Telephone (home)	
Fax	
E-Mail	
E-Mail (2 nd)	

Pledge Information

I (we) pledge a total of \$_____ .

I would be able to pay the full amount of my pledge by March 1, 2022.

(If not all – how much of total pledge by March 1, 2022? \$_____.) I understand I will be invoiced for the remaining amount over the next one to two years in equal amounts.

I (we) plan to make this contribution in the form of:

Cash Check Credit Card other (Other _____.)

Credit card type	
Credit card number	
CVV Number (3 digits)	
Expiration date	
Authorized signature	

Acknowledgement Information

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

Signature(s)
Date:

Please make checks, corporate matches, or other contributions payable to:

Great Falls Chamber Foundation, 100 1st Avenue North, Great Falls, Montana 59401
A 501(c)3 entity. EIN: 36-3658000