Campaign 2017

**In-Kind Pledge Form**

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| --- | --- | --- | --- | --- | --- |
| **Company:** |  | | | | |
| **Contact Name:** |  | | | | |
| **Address:** |  | | | | |
| **City:** |  | **State:** |  | **Zip:** |  |
|  |  | **Phone:** |  | **Email** |  |

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| 🗹 | **I/We are pleased to make a Campaign 2017 in-kind contribution valued at $\_\_\_\_\_\_\_\_\_\_\_ to the ArtsFund Associates Program** |

**Please provide a description of your in-kind contribution:**

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**Thank you!**