



Wilmington Downtown Business Improvement District

CONTRIBUTION FORM

Date: _____

Contact Name: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

To support the implementation efforts of the Downtown Vision's Programs, I pledge to contribute the sum of \$ _____ payable over _____ months/years as follows:

\$ _____ now

\$ _____ on or before _____

\$ _____ on or before _____

\$ _____ on or before _____

I wish my donation to go towards: _____

Thank you!

We will send you a reminder of your pledge one month prior to its due date. Please make checks payable to: *Downtown Visions*

Downtown Visions is an IRS approved 501(C)(3) organization and this gift is tax deductible to the full extent allowed by law.

Signed: _____ Date: _____

THANK YOU FOR YOUR PARTICIPATION IN THIS VERY IMPORTANT PROJECT

Downtown Visions
PO Box 2000
Wilmington, DE 19899