



## Donation Pledge

Amount: US\$ \_\_\_\_\_

*I request LACMA send me a donation pledge letter in which I commit to send my donation within 60 days of the date of this document.*

Company Name: \_\_\_\_\_

CEO Responsible: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

*Please send this form to the LACMA Office by Fax or E-mail:  
Fax: (507) 360-2085 - E-mail: lacma@lacmassoc.org*