



# FULL FRAME INITIATIVE

## PLEDGE FORM: \_\_\_\_\_

I wish to pledge a total of \$ \_\_\_\_\_ to support \_\_\_\_\_ at the Full Frame Initiative. I will pay this pledge in installments over \_\_\_\_\_ years, with a final payment to occur on or before \_\_\_\_\_.

Installment Amount	To be paid by (M/D/Y)
\$ _____	_____
\$ _____	_____
\$ _____	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Pledge Recognition

I ask that my gift is listed as \_\_\_\_\_ in all internal and external publications. My gift is given in honor/in memory of \_\_\_\_\_.

\_\_\_\_\_  
[DONOR FULL NAME]

\_\_\_\_\_  
(Date)

### Pledge Acceptance

On behalf of The Full Frame Initiative, I acknowledge the receipt of this pledge.

\_\_\_\_\_  
Katya Fels Smyth  
Founder and CEO

\_\_\_\_\_  
(Date)

*The Full Frame Initiative is a registered 501(c)3 non-profit organization, Tax ID: 30-0592577*  
To execute your pledge, please sign and submit this form to the Full Frame Initiative.  
By mail: *The Full Frame Initiative, 308 Main Street, Ste. 2A, Greenfield, MA 01301*  
Email: [development@fullframeinitiative.org](mailto:development@fullframeinitiative.org)