City of Spring Hill Pledge Form

Date: _____ Account No.:_____

Account Name: _____

Address: _____

Charity Making Pledge: _____

Person Making Pledge: _____

Phone Number: _____

Amount Pledging: _____

Expected pay date: _____ (within 15 day of date pledged)

Signature of person pledging: _____

Date: _____

City Representative: _____

Date: _____

Date Paid: _____

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