

ZANT Center Operations and Maintenance Fund (ZOMF)

Pledge Form

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email: _____

Pledge Year: _____ Starting Month: _____

I/We hereby pledge a donation to the ZOMF. The amount and duration of our commitment is specified below. Privileges listed below are for ZANT members only.

_____ **ZANT Visionary** - \$100 a month for _____ year(s)

Donation will include one free Zoroastrian Center of North Texas rental plus one free card key for the donation year (please see all details on ZOMF donation form).

_____ **ZANT Friend** - \$50 a month for _____ year(s)

Donation will include one free card key for the donation year (please see all details on ZOMF donation form).

_____ **ZANT Supporter** - \$25 a month for _____ year(s)

_____ Other Donation \$ _____ for _____ year(s)

Additional Details: _____

Signature(s): _____ Date: _____

Non-Binding Pledge Form