

I/We wish to support the QUEERSPACE collective Create the Space Campaign as follows:

One-time gift in the amount of \$ _____

Two-year pledge

If making a multi-year pledge:

Total Pledge: \$ _____ Frequency (select one) Monthly Quarterly Semi-Annually Annually

Pledge Start Date: _____ Pledge End Date: _____

Optional Pledge Payment

Enclosed is the first payment of \$ _____

Check (payable to QUEERSPACE collective) Credit or debit card Stock*

As specified above, I authorize QUEERSPACE collective to charge my:

Visa Mastercard Amex Discover

Card number _____ Exp Date _____

Name on card _____ CVC Code _____

My credit card billing address is the same as the address listed below

If different, please provide billing address:

Signature _____ Date _____

Donor Information

Name _____

Address _____ City, State, Zip _____

Phone Number _____ Email _____

Please print how you would like your name listed _____

I wish to remain anonymous

Please mail this pledge form and optional payment to: QUEERSPACE collective, P.O. Box 11455, Minneapolis, MN 55411

*If the stock option was selected, QUEERSPACE staff will follow up with you to provide more information on next steps