



HARMONI

HISTORIC MIDTOWN INITIATIVE

I/We pledge and agree to pay to:

HARMONI

The sum of \$ _____

A 3-year payment plan is available to meet your financial goals.

I/We will make the gift according to
the following schedule:

\$ _____ on _____
date

\$ _____ on _____
date

\$ _____ on _____
date

Mr./Ms./Mrs.

Address

City

State

Zip

Telephone

Email

Signature

HARMONI, Inc is a charitable 501(c)(3) corporation.

Please mail all forms and payments to:

HARMONI
c/o Central Indiana Community Foundation
615 N. Alabama, Suite 119, Indianapolis, IN 46204
www.indyharmoni.org



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