

PLEDGE FORM

I/WE WISH TO MAKE A GIFT TO THE MIDLAND CENTER FOR THE ARTS CAPITAL CAMPAIGN FUND

V ~ ~ ~				PERSONAL GIFT
Y				CORPORATE GIFT
DONOR INFORMATION				
COMPANY NAME (if appropriate) _				
NAME				
TITLE (if appropriate)				
ADDRESS				
CITY		ST MI	ZIP	
PHONE 1	Work Home			Work Home
EMAIL 1		EMAIL 2		
GIFT INFORMATION I/WE COMMIT THE FOLLOWIN THIS IS A NAMED GIFT FOR* _ *If applicable, list the area or location to be named, and				
TOTAL GIFT: \$ IN	NITIAL PAYMENT: \$	RE	MAINING BALANC	:E: \$
TO BE PAID ONE-TIME OR OVER PAYMENT SCHEDULE SEMI-ANN		RS 3 YEAR	4 YEARS	5 YEARS
SIGNATURE:			DATE:	
I/WE WISH TO RECEIVE PLEDGE PAYM	IENT REMINDERS VIA:	IAIL EMAIL (pleas	se ensure your email address is l	isted above)
PAYMENT INFORMATION	٧			
Credit Card Account Number:		Check (made	payable to Midland Ce	nter for the Arts)
CARD NUMBER:		Stock Transfer	r	
EXP DATE:/			OCK:	
SIGNATURE:				
RECOGNITION INFORM	ATION			
I understand my name/company na	ame will be listed as I have	written above.	I wish to remain	n anonymous
My gift is in Honor/Memory of:				
FOR INTERNAL USE ONLY				
ID#	PLEDGE ENTERED		BY	

THANK YOU FOR YOUR SUPPORT OF THE MIDLAND CENTER FOR THE ARTS CAPITAL CAMPAIGN!

*Subject to the acceptance of the Naming Policy. Questions about your pledge? Interested in making an estate gift? Contact Stephanie Kirkpatrick at 989.631.5930 x1602 or kirkpatrick@midlandcenter.org

Midland Center for the Arts is a 501(c)3 tax-exempt organization. Gifts are tax deductible to the extent provided by law.