

DONOR PLEDGE FORM

I(WE), _____ ,
Please print name(s)

IN SUPPORT OF ARROWMONT SCHOOL OF ARTS AND CRAFTS
MAJOR GIFTS CAMPAIGN PLEDGE A TOTAL GIFT OF \$ _____

DONOR SIGNATURE _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ HOME/CELL PHONE _____

EMAIL _____ FAX _____

DO YOU INTEND TO PARTICIPATE IN A CORPORATE MATCH PROGRAM AS PART OF YOUR GIFT? YES _____
 NO *Company name matching your gift*

I/WE INTEND TO PAY OUR GIFT AS FOLLOWS

GIFTS MAY BE PLEDGED OVER A 1-5 YEAR PERIOD

OPTION 1

\$ _____ / ANNUALLY SEMI-ANNUALLY FOR 2 YEARS 4 YEARS
 QUARTERLY MONTHLY 1 YEAR 3 YEARS 5 YEARS

OPTION 2

PAYMENT	TO BE MADE	MONTH	YEAR
No. 1 \$ _____	_____	_____	_____
No. 2 \$ _____	_____	_____	_____
No. 3 \$ _____	_____	_____	_____
No. 4 \$ _____	_____	_____	_____
No. 5 \$ _____	_____	_____	_____

PAYMENT METHOD

CHECK *Payable to: Arrowmont School of Arts and Crafts* STOCK *Please use Stock Transfer Form* PLEASE CONTACT ME

OTHER *Please describe* _____

VISA MASTERCARD AM EXPRESS DISCOVER

CARD NO. _____ EXP DATE _____ / _____

BILLING ADDRESS *(if different from above)* _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF CARDHOLDER *(required)* _____

FOR PURPOSES OF DONOR RECOGNITION

- I (WE) DESIRE THAT OUR PLEDGE BE TREATED AS AN ANONYMOUS GIFT
- PLEASE LIST MY (OUR) NAME AS SPECIFIED BELOW IN ALL APPROPRIATE DONOR RECOGNITION

*Please print above exactly as you would like your gift to be recognized.
For example: Amanda and Jeremy Walsh · The Walsh Family · In Memory of Rita Walsh*

MY/OUR MAJOR GIFT NAMING OPPORTUNITY CHOICES ARE

Please refer to the Naming Opportunities List to make your selections.

1. _____
2. _____
3. _____

THANK YOU FOR YOUR
GENEROUS SUPPORT!

QUESTIONS?
CONTACT

FRAN DAY DIRECTOR OF
INSTITUTIONAL ADVANCEMENT

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FDAY@ARROWMONT.ORG