



Art Access for All Campaign Pledge Form

I (We) pledge the following amount toward the *Art Access for All Campaign*:

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Other \$_____ |
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$10,000 | |

This gift will be paid as follows:

- In one payment:
 - My check is enclosed, made payable to Michigan Legacy Art Park
 - My Visa / MasterCard information is written below
 - Invoice me

Gift of Stock (Art Park staff will provide transfer instructions)

My gift will be paid as a pledge according to the following schedule:

\$_____ in 2014
 \$_____ in 2015
 \$_____ in 2016 (by March)

Please send me (us) a payment reminder each year of our pledge in (month): _____.

Gift Recognition:

- Please publicly acknowledge this gift according to your Donor Recognition plan.
- Please do not recognize this gift publicly. I (We) wish for the gift to be anonymous.
- This gift is (circle one) in honor of / in memory of: _____.

Signature: _____ **Date:** _____

Contact information:

Name, as you would like to be recognized: _____

Mailing Address: _____

Phone: _____ Email: _____

For Credit Card Payments:

Card Number: _____ 3-digit code on back of card: _____

Expiration Date: _____ Amount to be charged: \$_____

Billing Zip Code: _____ Card holder signature: _____

Michigan Legacy Art Park

12500 Crystal Mountain Drive, Thompsonville, MI 49683
 T: 231.378.4963 || F: 231.378.4594 || E: director@michlegacyartpark.org
 www.michlegacyartpark.org