

# KIRKSVILLE ARTS ASSOCIATION

# arts center campaign

I/We wish to make a gift of \$ \_\_\_\_\_

\_\_\_\_\_ / Monthly Payments of \_\_\_\_\_

\_\_\_\_\_ / Multi-Year Payments of \_\_\_\_\_

I would like more information about the Capital Campaign.

I am interested in naming rights.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( Home  Cell) \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my check, made payable to the **Kirksville Arts Association**. *If you prefer to send monthly payments, please indicate below and envelopes will be sent to you.*

Please CHARGE my credit card using the information below.

**CREDIT CARD INFORMATION**  Visa  Master Card  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

**MONTHLY GIVING** — We are pleased to offer options for automatic monthly giving for your convenience. The first monthly charge, credit card or bank draft, will be processed upon receipt of this form. Subsequent charges will be made monthly on the day you indicate and will continue going forward for the total number of gifts designated.

Monthly Gift Amount: \_\_\_\_\_ (\$25 min.) Total number of gifts: \_\_\_\_\_ Day of the month for subsequent charges \_\_\_\_\_

Please DRAFT my bank account monthly. Enclosed is a voided check.  Please CHARGE my credit card monthly. Use the information above.

Signature \_\_\_\_\_

Kirksville Arts Association • P.O. Box 88 • 1902 South Baltimore • Suite 100 • Kirksville, MO 63501

*Kirksville Arts Association is a 501 c 3. Consult your tax advisor on donation deductions*