



Annual Fund Gift Form

Thank you for supporting the McConnell Arts Center. Your support is imperative to the continued growth and success of the Arts Center and we are deeply grateful for your generosity.

Donor Information

Donor Name: _____
 I/We wish to remain anonymous

Contact: _____
(if Business)

Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ home cell work

Email: _____

Gift Information

Gift Amount: \$ _____ Date: _____

Payment Options:

Check (made payable to McConnell Arts Center)

Pledge: \$ _____ To be paid in _____ installments by: _____ (date)

Please sign to verify pledge: _____

Credit Card: One Time Gift of \$ _____
 Recurring Gift* to be charged monthly in the amount of \$ _____

Until: _____ (date) No end date

Card Number: _____ Exp. _____ CVV: _____

Visa MC Disc Amex Signature: _____

Tribute Gifts

This gift is in memory / honor of (circle one): _____

Please Notify: _____

Address: _____

City: _____ State: _____ Zip: _____