

Bryn Mawr Film Institute Donation and Pledge Form

Donor Information (please print)

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

Name as you would like it to appear for recognition. Please indicate if you would like to be "Anonymous."

We recognize each Pane Campaign donation of \$5,000 or more by sending an engraved pane replica to the donor.

Please indicate here if you would prefer **not** to receive this personal memento.

We recognize each donation of \$10,000 or more with a brass star engraved with the donor's name.

Please indicate here if you prefer your gift **not** be acknowledged with an engraved star in the theater sidewalk.

Donation or Pledge Information

I (we) would like to donate \$_____ outright to Bryn Mawr Film Institute

I (we) would like to do my part by pledging \$_____ to Bryn Mawr Film Institute to be paid over _____ years

I (we) have enclosed my first payment of \$ _____

Please bill me \$_____ monthly for _____ months

Please bill me \$_____ quarterly for _____ quarters

Please bill me \$_____ semi-annually for _____ years

Please bill me \$_____ annually for _____ years

Please use my (our) gift for: Capital Fund Education Programs Operations Unrestricted

Form of Contribution

I (we) plan to make my (our) contribution in the form of cash check charge stock other _____

Please charge my credit card: Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____ Billing Zip Code: _____

My gift will be matched by _____ *Company/Foundation/family*

Matching gift form enclosed Matching gift form will be forwarded to Bryn Mawr Film Institute

For stock transfers, please contact Patsy Morningstar, pmorningstar@brynmawrfilm.org or 610-527-4008.

Donor Signature(s) _____ **Date** _____

Please make checks and corporate matches payable to Bryn Mawr Film Institute.

Please mail all pledges to Bryn Mawr Film Institute, PO Box 1058, Bryn Mawr, PA 19010.