

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."

Donation or Pledge Information

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

I (we) would like to pledge \$_____ to Bryn Mawr Film Institute to be paid over _____ years.

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

Please bill me semi-annually for _____ years.

Please bill me annually for _____ years.

I (we) understand this gift is **not** for Bryn Mawr Film Institute membership.

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 Patricia Wesley, PWesley@BrynMawrFilm.org or 610-527-4008 ext. 103.

Donor Signature _____ **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.

Bryn Mawr Film Institute is a non-profit 501(c)3 organization. Donations to Bryn Mawr Film Institute are tax-deductible to the extent allowed by law. Contact us at 610-527-4008 ext. 103 with any questions.

