



I'll be a founding member of the Kids at Heart Society with my unrestricted gift to:

- Sponsor an **Artist** at \$1,000 per year for three years.
- Sponsor a **Family** at \$5,000 per year for three years.
- Sponsor a **Hospital Unit** at \$10,000 per year for three years.
- \$_____ per year for three years (other amount above \$1,000).
- Please contact me, I have thoughts to share.

Your three-year pledge of any amount helps Arts For Life plan with confidence:

- I will make a donation of \$_____ (other amount) every year for three years.
- Add an additional _____ years to my **current** multi-year pledge (at the same annual amount).
- Turn this year's contribution I already made into a three-year pledge.

Annual pledge payments will be due in December, unless otherwise requested.

New to the Arts For Life family? Welcome!

- I am making **my first donation** of \$250 or more: \$_____
- I am making **my first donation** of \$_____ (other amount)

Become a HeARTfelt Giving Club member with a monthly recurring donation:

- I will join the Monthly Giving Club by making a donation of \$_____ per month.

Making a pledge today of another amount?

- I pledge \$_____, payable by December 31.

About me:

Name: _____

How I (or my family) would like to be recognized: _____

Address: _____

City: _____ State: ____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Is there anyone else in the household who would like to receive information from us?

Name: _____ Relationship: _____

Email: _____

Thank you for your generosity!
Please tell us how you plan to fulfill your pledge on page 2.

How I plan to fulfill my pledge:

- I've enclosed a **check**, made payable to Arts For Life and directed to:

Arts For Life
50 S. French Broad Ave., Ste. 258
Asheville, NC 28801

- Please charge my **credit card**:

Card # _____ Exp. Date: _____ CVV: _____

- I will make my gift via my **donor advised fund**.
- I will make my gift of appreciated **stock**; please contact me with transfer details.
- Please contact me to make other arrangements.

X _____

Signature

Date

My (or my partner's) employer will match this gift.

- Employer name: _____

Is your gift in honor of someone?

In honor memory of _____

Who can we notify of this gift?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____