



I would like to become a 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 or questions to share.

Your three-year pledge of any amount will help Arts For Life to plan for the future with confidence:

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

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

Making a one-time pledge today of another amount?

- ☐ I pledge \$\_\_\_\_\_, payable by December 31.

I would like to become a member of the Healing HeARTS Club with a monthly recurring donation:

- ☐ I pledge to make a donation of \$\_\_\_\_\_ per month.

**New to the Arts For Life community? Welcome!**

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

**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 your 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  
7 Beaverdam Rd., Ste. #207  
Asheville, NC 28804

- ☐ 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 **cryptocurrency**; please contact me with further details.  
☐ 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 would you like us to notify of your gift?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

