



PLEDGE FORM

DONOR CONTACT INFORMATION

First Name MI Last Name

Home Address City State Zip

(Must use credit card billing address if paying with credit card)

Work Email Home Email

Phone Number Company Name

Birthday Month/Year *(Used only for donor benefit programming)*

ARTSKC FUND GIVING OPTIONS

Payroll Deduction

(only available to organizations that offer this giving option)

Amount Per Pay Period: \$40 \$20 \$10 Other

of Pay Periods Annually Total Annual Payroll Gift Amount

Check Enclosed \$ _____ Check # _____

(made payable to the ArtsKC Fund)

Credit Card \$ _____ Per One-Time Monthly Quarterly

(minimum \$20/month for recurring gifts)

Total Annual Gift Via Credit Card \$ _____

Card Number Exp Date CVV

I gave online. Amount \$ _____

When you donate a total of \$120, or more, you're eligible to receive free and discounted tickets to exclusive, behind-the-scenes ArtsKC-sponsored arts events.

Signature: _____ Date: _____

OPTIONAL - ARTSKC FUND DESIGNATION

Please indicate if your gift is for a specific grant category

Inspiration \$ _____ Catalyst \$ _____ Ovation \$ _____

ARTSKC.ORG/CAMPAIGNSUPPORT

816.221.1777 | TheArtsCouncil@ArtsKC.org