

THE WOODRUFF ARTS CENTER
WOMEN'S GIVING CIRCLE
MEMBERSHIP FORM



women's
giving circle

DONOR INFORMATION *(Please type or print)*

Name _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ E-mail _____

Signature _____ Date ____/____/____

DONOR RECOGNITION & BENEFITS

Please use the following name(s) in all acknowledgements: _____

- I (we) wish to remain anonymous
 I (we) wish to waive my (our) benefits that have fair market value.

PLEDGE INFORMATION

I (we) hereby contribute cash *and/or* assets to the *Woodruff Arts Center 2017-2018 Annual Fund*.

I (we) pledge a Total of \$_____ amount enclosed: \$_____

- I (we) would like to make my (our) commitment a multi-year contribution:
 2017-18 2018-19 2019-20 2020-21

Recognition Levels	
\$5,000	Leadership Circle
\$1,000	Supporters Circle

PAYMENT SCHEDULE

- Monthly payments of \$_____ every month starting on the 1st, 15th, or 30th _____ (date)
 Quarterly payments of \$_____ every 3 months starting on _____ (date)
 Annual payments of \$_____ every year starting on _____ (date)
 A single payment of \$_____ which I (we) will make by _____ (date)

METHOD OF PAYMENT

I (we) plan to make my (our) contribution in the form of:

- Cash Check Credit Card Stock/Securities _____ Property Other _____
Credit Card: VISA MasterCard Discover AMEX

Credit Card Number: _____ Expiration: ____/____ (MM/YY)

Name on Card: _____

Please charge: all payments to this card *or* only the first payment

My gift is eligible for a company match. Company Name: _____

My match request form: is enclosed is on the way will be submitted online

My company (_____) participates in The Woodruff Arts Center Employees for the Arts Program.

Contributions may be sent directly to:

Woodruff Arts Center | 1280 Peachtree Street NE | Atlanta, GA 30309 | Attn: Natalie Grasso
or scanned and emailed to Natalie Grasso at natalie.grasso@woodruffcenter.org