

"CAMPAIGN FOR THE ARTS"

Whatcom Community Foundation

Gift Commitment Form

Title: Dr. Mr. Mrs. Ms. Miss
Name(s): _____
Address: _____
City/State: _____ ZIP Code _____
E-mail: _____ Phone: _____

In any and all Donor Recognition associated with this gift, please list the Donor as:

Donor: (ie: The Smith Family) _____

I/we prefer to remain anonymous

I/WE WISH TO MAKE A GIFT OF \$ _____

Signature: _____ * Date: _____

** I understand that 5% of my Gift will be retained for Campaign expenses, and any portion of the retained funds not required for Campaign expenses will revert to the fund for which my gift is specified*

I/WE PLEDGE MY GIFT OVER ____ YEAR(s), TO BE PAID AS FOLLOWS:

Annually Semi-Annually Quarterly Other _____

Amount to be Paid Payment Date(s) Amount to be Paid Payment Date(s)

\$ _____ _____ \$ _____ _____

\$ _____ _____ \$ _____ _____

Tax receipts will be issued as payments are made.

Reminders will be sent when pledge payments are due.

I/WE WISH TO PAY BY: Check Payable to: **Whatcom Community Foundation**

In the memo line: "Campaign for the Arts"

Visa MasterCard Automatic Debit Deductions: Deduct \$ _____
(ATTACH A COPY OF A VOIDED CHECK)

Account number: _____ c.c. Exp. Date: _____

Signature: X _____

My/our gift qualifies for Matching Funds (paperwork enclosed)

PLEASE USE MY/OUR GIFT IN SUPPORT OF:



Endowment (For the Campaign for the Arts Objectives)

Please indicate Specific Endowment Designation

(ie; % or \$ to: Mt. Baker Theatre; Whatcom Museum; Children's Museum)



Non-Endowed Funds (For the Campaign for the Arts Objectives)

If desired, please indicate Other Capital Needs Designation

(ie; % or \$ to: Mt. Baker Theatre Capital; Whatcom Museum Capital)

Please mail to:

Whatcom Community Foundation

119 Grand Ave, Ste. A, Bellingham WA 98225 (360)671-6463

For additional information contact Gaye Godfrey, CFA Administrator (360)739-5481 gayegodfrey@comcast.net