

QUINLAN VISUAL ARTS CENTER CAPITAL CAMPAIGN PLEDGE FORM

In response to the capital campaign needs, as expressed by the Board of Trustees, and in consideration of the gifts and pledges of others, I (we) pledge a total of \$ _____ to the Quinlan Visual Arts Center.

Enclosed herewith \$ _____ Balance remaining \$ _____. Please check below how pledge balance is to be paid.

Monthly

Quarterly

\$ _____ Yearly, beginning in _____, _____, ending in _____, _____.
(month) (year) (month) (year)

Other payment schedule _____

Please charge my donation to my credit card. VISA MC AMEX

Card Number _____ Expiration Date _____

Signature for card payment _____ Date _____

Name _____

(Please print name as you wish to be recognized)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail _____

Signature for pledge _____

My (our) gift is eligible for matching gift funds through _____

Thank you for your tax-deductible gift. Please make your check payable to **Quinlan Visual Arts Center Capital Campaign**. For further information, please contact Maureen C. Files, Executive Director, (770) 536-2575, Quinlan Visual Arts Center, 514 Green Street, Northeast, Gainesville, Georgia 30501.

QUINLAN VISUAL ARTS CENTER

A CAPITAL CAMPAIGN