



Donor Information

Name _____
Address _____
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Pledge Information

I (we) pledge a total of \$ _____ for the **Art Connects Us** capital campaign. This donation will be fulfilled One Time OR
Annually Over 1 Year 2 Years 3 Years in installments of \$ _____ beginning (month / year) _____.

This donation will be made in the form of check credit card.

Credit Card Number _____

Ex. Date _____ / _____ Security Code _____

Donor Recognition

Name(s) to be used in all acknowledgements.

Name(s) _____

Signature _____ Wish to remain anonymous

To make a donation online, visit bryanarts.org.

*Please make checks payable to:
Bryan Area Foundation
Memo Line: Art Connects Us fund*

*Please return your completed pledge to:
Bryan Area Foundation | P.O. Box 651 | Bryan, OH 43506*