



Donor Information

Name _____

Address _____

City / State / Zip _____

Phone _____ Email _____

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