



# Campaign for the Arts

## Pledge Form

### MY INFORMATION:

Please **PRINT** all information clearly in **BLUE** or **BLACK** ink.

Turn this form and your check (if applicable) to your organization's workplace coordinator OR mail to: **Culture Works**  
**31 S. Main Street, Suite A210**  
**Dayton, OH 45402**

MY WORKPLACE: \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 PREFIX FIRST NAME

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 MI LAST NAME

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 SUFFIX  Home  Work PHONE NUMBER

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 ADDRESS (for credit card charges and direct billing, address listed must be your billing address)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 CITY STATE ZIP CODE

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 EMAIL ADDRESS

- I wish for my gift to remain **anonymous**.
- I am an Arts Champion. I have been donating to Culture Works for:  10+ years  25+ years
- Please **combine** my gift with my spouse's/partner's gift (list name and employer): \_\_\_\_\_
- For recognition purposes, please list **my/our name** as: \_\_\_\_\_

**MY 2025 WORKPLACE GIVING CONTRIBUTION:** \$ \_\_\_\_\_.


<p><b>PAID VIA PAYROLL DEDUCTION:</b>          (for organizations that allow payroll deduction)</p> <p>\$ _____          Deduction per pay period</p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____           Number of pay periods</p>	<p><b>OTHER PAYMENT OPTIONS:</b></p> <p><input type="radio"/> Cash <input type="radio"/> Check (payable to Culture Works)</p> <p><input type="radio"/> Stocks / Securities: _____</p> <p><input type="radio"/> Other payment source: _____</p> <p><input type="radio"/> Beginning <b>July 2025</b>, bill me (minimum annual gift of \$50): <input type="radio"/> Monthly <input type="radio"/> Quarterly</p> <p><input type="radio"/> Credit Card: For your security, we prefer that you not include your credit card information on this form. Please call check this option, then call Culture Works at (937) 222-ARTS to arrange for payment.</p>
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**Pledge an annual gift to Culture Works of \$85 or more and receive your PASSPORT TO THE ARTS!**

Your Passport to the Arts gives you the power to get Buy One-Get One FREE ticket opportunities to more than 80 local events and performances throughout the year along with special discounts from dozens of area restaurants and retailers.





## PASSPORT

*to the Arts*

cultureworks.org · 937.222.ARTS

**NAME:** Alex T. Artsfellow

**MEMBER NUMBER:** 987654

**EXPIRATION DATE:** 12/31/20XX

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 \_\_\_\_\_ Today's Date

*Signature required for ALL gifts*

**For Internal Use Only:**  Cash  Check#: \_\_\_\_\_ Appeal: \_\_\_\_\_