



# 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 WORKPLACE GIVING CONTRIBUTION: \$ \_\_\_\_\_

<b>PAID VIA PAYROLL DEDUCTION:</b> (for organizations that allow payroll deduction)  \$ _____ Deduction per pay period  _____ Number of pay periods	<b>OTHER PAYMENT OPTIONS:</b> <input type="radio"/> Cash <input type="radio"/> Check (payable to Culture Works) <input type="radio"/> Stocks / Securities: _____ <input type="radio"/> Other payment source: _____ <input type="radio"/> Charge my Credit Card: _____ MONTHLY _____ QUARTERLY _____ ANNUALLY For your security, PLEASE do not include your credit card information on this form. Please call Culture Works at (937) 222-ARTS to arrange for payment.
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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

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Signature required for ALL gifts Today's Date

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