

Yes! I/we will support the Haggerty Museum of Art's 40th Anniversary.

DONOR INFORMATION

Name(s) _____

Address _____

City, State, ZIP _____

Phone (_____) _____ Email _____

PLEDGE OPTIONS AND DETAILS (CHECK ONE)

\$6,500 pledge for 40th Anniversary
\$4,000 Total fiscal year giving*
\$2,500 for a table of 8 at the May 22 Awards Dinner
³ \$1,300 of the registration cost is a non-refundable gift to the Haggerty Museum of Art Fund

\$4,550 pledge for 40th Anniversary
\$4,000 Total fiscal year giving*
\$550 for 2 tickets to the May 22 Awards Dinner
³ \$250 of the registration cost is a non-refundable gift to the Haggerty Museum of Art Fund

\$4,000 pledge for the 40th Anniversary
4,000 Total fiscal year giving*

ACCEPTED BY DONOR

Signature _____ Date _____

PAYMENT OPTIONS

Please choose one of the following methods of payment:

I have enclosed my gift. Please make your check payable to _____

Please charge my gift to my: MasterCard Visa Discover Card American Express

Card Number _____ Expiration _____