

## THE MANIFEST CENTER FOR THE VISUAL ARTS

CAPITAL CAMPAIGN PLEDGE FORM

## **DONOR INFORMATION**

Name(s):					
Address:					
City, State, Zip:					
Phone + Email:					
CAPITAL CAMPAIGN GIFT (Campaign Goal: \$8 million)					
□ I pledge a total of \$ to the <i>Manifest Emerges</i> campaign.					
Payment Terms*:					
□ Pay in full □ Pay over multiple years: □ 2 years □ 3 years □ 4 years □ 5 years					
□ Other:					

For multi-year campaign gifts, please provide your payment amount by year and the month in which you would like to receive a payment reminder:

Payment Amount Year 1 (202	25): \$	5	ninder (month)	
Year 2 (202	26): \$			
Year 3 (202	27): \$	<u> </u>		
Year 4 (202	28): \$			
Year 5 (202	29): \$			
□ I (we) will mak	e this gift by:			
🗆 Check	Credit Card	□ Stock Transfer	□ Other:	
*For credit card, s erin@manifestgal	-	nsfer gifts, please co	ntact Erin Corley at (5	13) 861-3638 or



Yes! My gift will be n	natched by (company/foundati	on):		
□ Form enclosed	□ Form will be forwarded v	ria mail or email	☐ Form submitted online	
ACKNOWLEDGEME	ENT INFORMATION			
	recognize my gift as the follow			
_	gift anonymous.			
OPTIONAL:				
🛛 I am making this g	gift in honor / memory of:			
	recognition and/or naming op mation becomes available.	portunities for the	e new facility**. Please contact	
Signature		Date		
Your contribution is tax deductible to the full extent of the law. Manifest is a 501 (c)3 nonprofit organization. (Federal Tax ID #42-1640342). Please see your tax advisor for further clarification.		Please make gifts payable to: Manifest Creative Research Gallery and Drawing Center		
		Circimati, O	11 +3200	