



Pledge Amount

I/we pledge to give \$ _____ (Excluding any anticipated matching gifts)



Designation

- \$ _____ Hamilton Theater --- HELP US PRESERVE HAMILTON THEATER!
- \$ _____ Hamilton Music Museum --- BUILD HAMILTON MUSIC MUSEUM!
- \$ _____ Parking Lot Re-construction --- HELP PAVE THE WAY!
- \$ _____ Not specified --- WE NEED TO RAISE \$30 MILLION

Hamilton Arts Foundation will mail pledge statements based on the schedule you determine is best for you. You will be able to pay by **cash, check or credit card.**

Frequency of payments (select one) Monthly Quarterly Semi-annually Annually

One Time Duration of payments (number of years) _____ Start date _____

Signature _____ Date _____

Full Name _____ Date _____



Optional Payment

Enclosed is the first payment of \$ _____

- Cash
- Check (payable to Hamilton Arts Foundation. More info at www.hamiltonartsfoundation.org)

Credit card or debit card

As specified above, I authorize Purdue Foundation to charge my:

Visa Mastercard Discover American Express

Card number _____ Exp. date _____

Name on card _____ CVC _____

Signature _____ Date _____



Matching Gifts

I anticipate that my gift will be matched by (specify company) _____



Donor Information (for recognition)

Full Name _____

Company _____

Street address _____

City _____

State _____ Zip code _____

Telephone (_____) _____ - _____

E-mail _____

Alumna/us? yes no Year Started: _____



Honorary Donor (donation recognized in the name of another)

Full name _____

Company _____

E-mail _____

Deceased? yes no Year deceased: _____

MUSIC & ARTS, FOR LIFE

Your support Means Everything.