

Artistry Donor Participation Form

Thank you for supporting artistic excellence and access with a tax-deductible gift to our annual fund.

DONOR INFORMATION:

Name(s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

I/We prefer to remain anonymous on Artistry donor lists.

I/We would like our gift to be: One Time Monthly Quarterly Annually End Date
(if any): _____

MY/ OUR GIFT:

- YES! I/We are pleased to join the Artistry Society with a gift of \$2,500.
*Your gift of \$2,500 covers the cost of providing a **full orchestra for three performances**.*
- YES! I/We are pleased to join the Sustainers Circle with a gift of \$1,000.
*Your gift of \$1,000 covers the cost of **one exhibition** (including artist stipends, supplies and events) at one of the three galleries we curate located in the city of Bloomington.*
- YES! I/We are pleased to make a gift of \$500.
*Your gift of \$500 helps make **nine Pay What You Can tickets** available to people who cannot otherwise afford the joy of live theater.*
- YES! I/We are pleased to make a gift of \$250.
*Your gift of \$250 helps cover the cost of **one Sign Language Interpreter** for our ASL-interpreted performances.*
- YES! I/We are pleased to make a gift to support the general operational budget of Artistry in the amount \$_____.

PAYMENT INFORMATION:

- My/Our check, payable to Artistry, is enclosed.
 Please charge my/our credit or debit card. (Visa, MC, Amex, Discover)
 Please contact me/us about transferring appreciated stock.

Card Number: _____ Exp: (MM/YY): _____ CVV: _____

TRIBUTE GIFT INFORMATION: This gift is (circle one) in honor of / in memory of: