

Adorn Autumn's Walkway

Arts Place, Inc. Legacy Campaign Gift Form



In honor of your \$2,500 gift to the Legacy Campaign, an individual tile will be laid, and your sponsorship will be recognized on a nearby plaque.

Donor's Name(s): _____

As it is to appear on recognition plaque

Contact Name: _____

Address: _____ City: _____ State: _____

Donation Amount: \$2,500 x _____ = _____
Number of mosaic tiles Total Donation

Payment Type:

- Check (Make Checks Payable to Arts Place, Inc.)
 Credit Card Type: _____ Card Number _____ Exp. _____
 Cash

Gift Type:

- I am making a one time gift paid at this time
 I am pledging my support to Arts Place, Inc.

I Pledge \$ _____ to be paid as follows:

\$ _____ at this time and

\$ _____ to be paid on the following schedule:

Beginning date: _____

Signature: _____ Date: _____

