Grand Rapids Art Museum Print and Mail Donation Form

Questions about donating: Please Call 616-831-2906

1) I would like to contribute to the Annual Fund (check one)

❑ $50 ❑ $500
❑$100 ❑ $1,000 ❑ Other $_____

President's Circle Levels
❑ $2,500 ❑ $25,000
❑ $5,000 ❑ $50,000
❑ $10,000

2) Please complete the following information

Name _____
❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. Other_____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Email _____
(to receive our e-newsletter)

❑ I wish to make an Annual Fund commitment at the above level each year for _____ years.

❑ My personal Check payable to the Grand Rapids Art Museum is enclosed

❑ Please charge my (check one) ❑ Visa ❑ MasterCard ❑ Discover ❑ Amex

Card Number_____ Exp. Date _____

Signature: _____
(Signature Required For Credit Cards and Multi-Year Pledges)

❑ Name recognition will appear as _____

❑ My employer, _____
will match my gift.
The matching gift form: ❑ is enclosed ❑ will be sent later

Please indicate age of contributor (check one):
❑ 0-18 ❑ 36-55
❑19-25 ❑ 56-65
❑ 26-35 ❑ 66 and above

3) Enclose your payment and mail to:

Development Dept.
Grand Rapids Art Museum
101 Monroe Center
Grand Rapids, MI 49503