

BURKE ARTS COUNCIL  
COME GROW WITH US!



## GIFT COMMITMENT FORM

**YES!** I/WE WANT TO HELP BRING OUR *community* TOGETHER WITH EXPANDED PROGRAMS, SERVICES & FACILITIES AT THE *Burke Arts Council*.

PLEASE ACCEPT THIS GIFT OF \$ \_\_\_\_\_.

NAME (AS YOU WISH TO BE RECOGNIZED) \_\_\_\_\_

ORGANIZATION/FIRM \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### OPTIONS

My check in the amount of \$ \_\_\_\_\_ is enclosed.

I wish to pay my gift (in part or entirely) on my credit card.

CARD NUMBER

EXPIRATION DATE

CW

I wish to contribute this gift on the following schedule:

\$ \_\_\_\_\_ by \_\_\_\_\_ 2019

\$ \_\_\_\_\_ by \_\_\_\_\_ 2020

\$ \_\_\_\_\_ by \_\_\_\_\_ 2021

\$ \_\_\_\_\_ by \_\_\_\_\_ 2022

\$ \_\_\_\_\_ by \_\_\_\_\_ 2023

I wish to make a memorial gift.

My employer will match my gift.

MEMORIAL DETAILS

I wish to contribute stock or securities. Please call me to arrange this gift.

Please make all checks payable to the *Burke Arts Council Building Fund*.

SIGNATURE

DATE



The Burke Arts Council is a 501 (c) 3 nonprofit organization.  
115 E. Meeting St. • Morganton, NC • 28655 • 828.433.7282

*Thank you!*