CAPA

Living, breathing art.

CAMPAIGN PLEDGE FORM

Donor Name: _____

Address: _____

_____

Email Address: _____ **Phone Number:** _____

This gift is ☐ in honor of ☐ in memory of _____

☐ I/we would like the gift to be anonymous

Total Donation Amount:

☐ $500,000 ☐ $250,000 ☐ $100,000 ☐ $75,000 ☐ $50,000 ☐ $25,000

☐ $15,000 ☐ $10,000 ☐ $5,000 ☐ Other: _____

I would like to be billed:

☐ Monthly ☐ Semi-annually

☐ Quarterly ☐ Annually

☐ N/A: One Time Payment

Please begin payments on: _____

Pledge Period:

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 5 Years

Method of Payment:

☐ Check (enclosed)

*Please make all checks out to CAPA

☐ Stock Transfer

☐ Donor Advised Fund at:

_____

☐ Credit Card:

☐ AMEX ☐ Mastercard ☐ Visa ☐ Discover

Card #: _____

EXP: _____ CVV: _____ Zip: _____

_____ _____

Signature Date

CAPA is a tax-exempt 501(c)(3) organization, federal ID 31-0749884.

Please return completed pledge form to:
Barbara Markus,
Development Director, CAPA
55 East State Street,
Columbus, Ohio 43215

If you have any questions, please email
bmarkus@capa.com.