



GREATER HOLLYWOOD ARTS FOUNDATION, INC.

P.O. BOX 220810, HOLLYWOOD, FLORIDA 33022

PHONE: 954.921.3520

WWW.ARTSPARKATYOUNGCIRCLE.ORG

DONATION FORM

I/we are delighted to donate a total of \$ _____ to the Greater Hollywood Arts Foundation, Inc., a Florida tax exempt corporation under Section 501(c)3 of the Internal Revenue Code (Federal I.D. #36-4572716) in support of the ArtsPark at Young Circle Capital Campaign and completion of this community vision.

Enclosed is my check, made payable to the Foundation, in the amount of _____ .

I would like to make my gift in the form of donating the following securities: _____

Approximate Value: \$ _____ . We will contact you to exchange further details.

I/we pledge \$ _____ to be paid before September 30, 2008.

Enclosed is my initial payment in the amount of \$ _____ . I/we will pay the balance of \$ _____ in (check one) equal monthly or quarterly installments. Please invoice me/us accordingly. I/we understand that the Greater Hollywood Arts Foundation, Inc. and the City of Hollywood, Florida intends to rely upon my/our promise made herein, and that pledges not converted to contributions may result in serious financial consequences that will affect the completion of the project and the community.

Please recognize my/our gift in the following manner (your name/s):

I/we wish to remain anonymous. _____ (Please initial.)

Special Instructions:

Please contact me/us to discuss planned giving.

Signature _____ Date _____

Printed Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

The Greater Hollywood Arts Foundation gratefully receives and accepts this gift.

By: _____ Its: _____ Date _____

The Greater Hollywood Arts Foundation, Inc., in accordance with the Internal Revenue Service codes, will provide you with an official receipt acknowledging your contribution. For tax purposes your donation is deductible to the extent permitted by law. Please contact your attorney, accountant, or financial planner for more information.



CHARGE CARD ADDENDUM

Printed Name

I/we wish to make our donation/pay our pledge by charge card. Please select one from the following:

Please charge my donation in its entirety to the following Credit Card:

Please charge \$ _____ of my pledge plus my future pledge payments on the 15th of the month when due to the following Credit Card:

Visa Master Card Discover American Express

_____-_____-_____-_____
Credit Card Number

Exp. Date (month/year)

Signature

Date