

BECOME A LIVELY ARTS FRIEND

invest in creativity!

**Yes! I would like to become a Friend
of Stanford Lively Arts**

Enclosed is my contribution of:

- Patron** (\$1,000—\$2,499)
 Donor (\$500—\$999)
 Contributor (\$250—\$499)
 Friend (\$125—\$249)
 Associate (\$50—\$124)
 Student (\$25)
 Other \$ _____

Donation Amount: \$ _____

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

EMAIL ADDRESS _____

OR please accept this as a gift for: OR in honor of:

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

EMAIL ADDRESS _____

(The recipient will be notified with a gift card and will receive the associated benefits. You will receive the tax deduction).

Check enclosed (made payable to Stanford Lively Arts)

Please bill my: Visa MasterCard Amex

Account #: _____ Exp.: _____

Signature: _____

I wish to take a full tax deduction for my contribution in lieu of the tangible Friend benefits.

For gifts of \$250 and over, please list my name publicly as:

My employer will match this contribution, and I have enclosed a matching-gift form.

Additional Information

- Please send me information on the major-gift partnership program with Lively Arts.
 Please send me information on the Corporate Partnership program.
 Please send me information on Lively Arts educational outreach programs.

BECOME A LIVELY ARTS PARTNER

take a leading role!

**Yes! I would like to become a
Stanford Lively Arts Partner**

Enclosed is my contribution of:

- Visionary** (\$50,000+)
 Sustainer (\$25,000 - \$49,999)
 Investor (\$10,000 - \$24,999)
 Sponsor (\$5,000 - \$9,999)
 Benefactor (\$2,500 - \$4,999)

**THE TOTAL GIFT OF \$ _____,
TO STANFORD LIVELY ARTS**

Enclosed *(check made payable to Stanford Lively Arts or credit card information)*

Please bill my: Visa MasterCard Amex

Account #: _____ Exp.: _____

Signature: _____

I wish to contribute securities.

For gifts of \$2,500 or more:

I wish to pledge over _____ months *(must be paid within 12 months of origination)*, beginning ____/____ and paying installments
 semiannually quarterly monthly

Other (please explain): _____

I wish to pay my pledge in total on ____/____
(must be paid within 12 months of origination).

Pledge reminders will be sent out 30 days prior to date of intended payment.

I wish to decline the associated benefits, making my gift 100% tax deductible.

My employer will match this contribution, and I have enclosed a matching-gift form.

I have included Lively Arts in my will.

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

EMAIL ADDRESS _____

Please acknowledge my gift publicly as: _____

Additional Information

- Please send me information on the Corporate Partnership program.
 Please send me information on Lively Arts educational outreach programs.
 Please send me information on including Lively Arts in my will or estate plans.