

Donor Information (please print)

Name(s) _____

Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Work Phone _____

Email _____

Name as you would like it to appear for recognition. Please indicate if you would like your gift to be anonymous.

Donation or Pledge Amount

I (we) would like to make a one-time donation of \$_____ to Bryn Mawr Film Institute.

or

I (we) would like to pledge \$_____ to Bryn Mawr Film Institute to be paid over _____ years.

I (we) have enclosed the first payment of \$_____. Please bill me annually for _____ years.

Purpose of Donation

Capital Fund Education Endowment Operations Programming Unrestricted

I (we) understand this donation is **not** for Bryn Mawr Film Institute membership.

Donation Payment Details

I (we) plan to make the donation in the form of: check credit card stock other_____

Please charge to: American Express Discover MasterCard Visa

Credit Card Number_____ Exp. Date_____ Billing Zip Code_____

My gift will be matched by _____Company/Foundation/family.

The matching gift form is enclosed. The matching gift form will be forwarded to Bryn Mawr Film Institute.

For stock transfers, please contact Charlie Grafman, CGrafman@BrynMawrFilm.org or 610-527-4008 x103.

Donor Signature _____ **Date** _____

Please make checks and corporate matches payable to Bryn Mawr Film Institute or BMFI.

Mailing address: PO Box 1058, Bryn Mawr, PA 19010

Bryn Mawr Film Institute is a non-profit 501(c)(3) organization. Donations to Bryn Mawr Film Institute are tax-deductible to the extent allowed by law.

Contact us at 610-527-4008 x103 with any questions.