

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 Susan Ethridge, Donor Engagement Manager, at 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.