



CROCKER
Art Museum

Thank you for your gift to the Crocker Art Museum!

Name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email address: _____

My gift is in honor of: _____

in memory of: _____

Please notify the following about my tribute gift:

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Payment method:

Check

Enclosed is my check for \$_____ to **Crocker Art Museum**

Credit card

Please charge \$_____ to my Visa MasterCard AmEx

Credit card number: _____

Expiration date: _____ Signature: _____

Pledge

I would like to pledge \$_____ in one year as follows:

\$_____ first installment enclosed

\$_____ installments to charge to my credit card (check one):

monthly quarterly semi-annually

Please sign me up for the following email lists:

- | | |
|---|---|
| <input type="checkbox"/> Adult Programs (films, lectures, classes & workshops) | <input type="checkbox"/> Youth & Family Programs |
| <input type="checkbox"/> Concerts (jazz & classical) | <input type="checkbox"/> Thursday Nights Out |
| <input type="checkbox"/> Museum Store specials & sales | <input type="checkbox"/> Crocker Contemporary Programs (programs for those ages 25-45 who share an interest in art) |
| <input type="checkbox"/> Special discounts and offers exclusively for Crocker patrons | <input type="checkbox"/> Arts-related News (compiled by Crocker staff, featuring events of interest to art lovers) |
| <input type="checkbox"/> Educator Resources (teacher workshops, field trips, etc.) | |

Other Information:

- Please do not exchange my name and address with other charities.
- I would like more information on planned giving opportunities at the Crocker in conjunction with estate planning.
- My employer's matching gift form is enclosed.