

## Watauga County Arts Council Pledge/Contribution Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

WCAC is a not-for-profit organization of 501 (c)(3) status.  
Your contribution is tax-deductible to the full extent allowed by law.

I would like to support the work of the Watauga County Arts Council in "Making the Arts a Presence in Our Community" with my gift of \_\_\_\_\_ as indicated below:

- \_\_\_\_\_ I am enclosing a check for the total amount listed above.  
 \_\_\_\_\_ Please charge my debit or credit card for the total amount listed above.  
 \_\_\_\_\_ I am authorizing the Arts Council to process my debit or credit card \_\_\_\_\_ monthly or  
 \_\_\_\_\_ quarterly in the amount of \$ \_\_\_\_\_.

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Card Number \_\_\_\_\_

(We can accept Mastercard, Visa, or Discover)

### **Family/Individual Gift Categories:**

Benefactor	\$1,000 or more
Patron	\$500-\$999
Sustainer	\$250-\$499
Advocate	\$100 -\$249
Promoter	\$50-\$99
Donor	\$25-\$49
Friend	Under \$25

### **Business Categories:**

Corporate Sustainer*	\$5,000 or more
Corporate Sponsor*	\$2,500-\$4,999
Program Sponsor*	\$1,000 -\$2,499
Corporate Donor	\$100-\$999
Small Business Donor	\$25-99
Contact Name	_____

*\*We will be happy to work with interested businesses to select programming appropriate for sponsorship and to credit your business for such support as fully as possible.*

### **Designated Gifts:**

\_\_\_\_\_ **Please use my gift as needed.**

### **I wish to designate my gift in the following way:**

- \_\_\_\_\_ General Operations  
 \_\_\_\_\_ Scholarship Fund  
 \_\_\_\_\_ Gallery Exhibitions  
 \_\_\_\_\_ Concerts on the Lawn  
 \_\_\_\_\_ Mountain Arts Residencies  
 \_\_\_\_\_ Children's Touring Programs  
 \_\_\_\_\_ Artist Services  
 \_\_\_\_\_ Community Arts Education

I would like to make my contribution:

\_\_\_\_\_ in honor  
 \_\_\_\_\_ in memory  
 of \_\_\_\_\_.

Please send notification of my gift to the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Our Contributors are the lifeblood of the Arts Council.  
 It has existed for over twenty years because of people like you . Together we are  
**"Making the ARTS A Presence in Our Community"**

Please mail to Watauga County Arts Council, PO Box 366, DTS, Boone, NC 28607. Thanks!