

GIFT AND PLEDGE FORM

Donor Information: (please print)	
Name(s)	
Address	
City State	Zip Code
Phone (mobile) Phone (work/home)	
Email	
Gift Information: Major Gift: \$ Planned Gift: \$ Imagine. Create. Achieve. Fund: \$ The SIFF Permanent Endowment Fund Establish a Named Endowment Fund TOTAL GIFTS: \$ My pledge payment plan is: \$ 1st Year • Date \$ 2nd Year • Date	Giving Options: (check all that apply) I/we wish to remain anonymous. Donor Name as you wish it to appear: Matching Gift: My gift will be matched by: Company/Family/Foundation (circle one) Please forward any gift matching forms. This gift is in honor/memory (circle one) of:
\$ 3rd Year • Date \$ 4th Year • Date \$ 5th Year • Date	Please contact me about making a gift through my estate plan.
Giving Method: Check (made payable to the Sedona International Film Festival) Please charge my contribution to my credit card: MasterCard Visa American Express Discover Card Number Exp Signature CVV Security Code:	
Donor Signature Date On behalf of SIFF, I acknowledge and accept this gift with gratitude.	

The SIFF fiscal year is June 1-May 31. Sedona International Film Festival (Tax ID #20-0351857) is a 501-c-3 non-profit organization.

Please consult your tax advisor.

Patrick Schweiss, Executive Director

Date