



Franklin Performing Arts Company Capital Gift Donation

DONOR INFORMATION (please print or type) – your personal information is kept confidential

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: Home (____) _____ Telephone Number: Work: (____) _____

Email Address: _____ *I would prefer my name / gift be kept confidential*

Name to use in recognition of donation: _____

DONATION AMOUNT – CAPITAL GIFT

ONE-TIME DONATION AMOUNT: \$ _____

I will complete the pledge in one payment Monthly Quarterly Over 1, 2, or 3 years _____

Please contact me regarding Naming Opportunity and Recognition of my gift

MATCHING CONTRIBUTIONS

Does your employer match donations? Yes / No EMPLOYER NAME: _____

Please enclose or forward Matching Donation information from your employer if applicable

METHOD OF PAYMENT

Check enclosed. Please make checks payable to: "Franklin Performing Arts Company"

Please bill my credit card: Card Type (circle one): Visa MasterCard American Express

Account Number: _____ Exp. Date (mm/yy): ____ / ____

Signature: _____ Security Code: _____

Securities or stocks. Please call (508) 528-3370 or email donations@fpaonline.com for details.

Contact me for payment

SIGNATURE: _____ **DATE:** ____ / ____ / ____

NOTES

- Contributions to Franklin Performing Arts Company are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID: 04-3111745. Please consult your tax advisor for any clarification.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information, please call (508) 528-3370 or email donations@fpaonline.com

Please forward completed form and payment to:

Franklin Performing Arts Company and THE BLACK BOX PO Box 48, Franklin, MA 02038