

BALLET DES MOINES

CAMPAIGN PLEDGE FORM



We pledge to donate \$_____ to the Ballet Des Moines campaign.

Enclosed is my gift paid in full (Check payable to Ballet Des Moines)

I/we prefer to make payments over a period of _____ (up to 3 years) beginning: _____, 202_, on the following basis:

Quarterly Annually Other

Please send me pledge reminders: Quarterly Annually Other

I/we would like to make my gift by donating stock or securities (instructions will be sent)

I/we have included Ballet Des Moines in my will/trust/insurance policy/retirement plan.

Please send me information about including Ballet Des Moines in my will/estate plan.

My employer has a gift matching program and I will complete the information for matching. Employer name: _____

For recognition purposes list my/our name as: _____

I/we would prefer to remain anonymous

This gift is made in honor / memory of (please circle one): _____

Please notify _____

Address _____ City/ST/ZIP _____

Thank you for making a commitment to the Ballet Des Moines campaign!
If you have any questions, please contact: Blaire Massa, CEO, Ballet Des Moines at
blaire@balletdesmoines.org

Name _____

Address _____

City, State, Zip _____

Phone/Email _____

THANK YOU FOR YOUR GENEROUS SUPPORT OF BALLET DES MOINES
ALL CONTRIBUTIONS ARE DEDUCTIBLE AS ALLOWED BY LAW. BALLET DES MOINES IEN: 94-3417247
