



"be the SPARK!"

Charitable Contribution
Pledge Form

I/We, the undersigned donor(s), enter into this charitable contribution agreement this _____ day of _____, 20____ to contribute the total sum of \$_____ to support Funding Arts Broward's "be the SPARK!" campaign goals to increase needed funding to the Broward Arts Community and endow the future of the arts.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Preferred Payment Frequency and Method Information:

- This gift is to be paid (check one):
- One Time Payment
 - Annually in installments of \$ _____ each, over _____ years.
 - Quarterly in installments of \$ _____ each over _____ qtrs.
(via credit card automatic payment)
 - Monthly in installments of \$ _____ each over _____ months.
(via credit card automatic payment)

For monthly or quarterly installments via automatic credit card payments please provide the following:

Credit Card #: _____ Expiration Date: _____ CVC: _____

For annual installments, indicate the month & year you anticipate making the first payment _____

And, what month do you wish to be billed in subsequent years? _____

FOR GIFTS MADE IN HONOR OR MEMORY OF SOMEONE:

Please make this gift in (circle one) honor or memory of: _____

“be the SPARK!”

Charitable Contribution Pledge Form (continued page 2 of 2)

GIFT RECOGNITION:

I would prefer to remain anonymous (circle one): Yes No

Please indicate how you would like your name(s) printed when your gift is recognized:

FAB’s REPORTING COMMITMENT TO OUR DONORS:

The FAB Board of Directors will issue a bi-annual report beginning August 2023 and ending February 2028, to update the donors on the status of the “be the SPARK!” campaign and the impact the campaign is having on the arts community.

DONOR AND FAB REPRESENTATIVE SIGNATURES:

| | | |
|----------------------|-------------------|-------------|
| _____ | _____ | _____ |
| Print Donor Name (1) | Signature (Donor) | Date Signed |

| | | |
|----------------------|-------------------|-------------|
| _____ | _____ | _____ |
| Print Donor Name (2) | Signature (Donor) | Date Signed |

On behalf of the Board of Directors for Funding Arts Broward, your commitment to “be the SPARK” is greatly appreciated and accepted by:

| | | |
|------------------------------|---------------------------------|---------------|
| _____ | _____ | _____ |
| Print FAB Officer Name/Title | Signature of FAB Representative | Date Accepted |

**THANK YOU FOR BEING
THE SPARK!**

FUNDING ARTS BROWARD, INC. REGISTRATION #CH16211, IS REGISTERED WITH THE STATE UNDER THE SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Funding Arts Broward is a tax-exempt organization pursuant to Section 501(c)3 of the Internal Revenue Code, as amended. EIN is 20-0151317.