

Andrea's Legacy Fund

Gift Commitment

I/we are pleased to make a total commitment of \$_____ to Andrea's Legacy Fund. The cash portion of my/our gift is \$_____, with the balance (if any) to be made as a planned gift.

- My gift will be matched by _____ (company name).
 My gift will come through a donor advised fund or a private foundation.

Payment plan:

I/we intend to pay my/our cash gift over

- one year two years three years four years five years

with payment(s) made

- one-time monthly bi-monthly quarterly bi-annually annually.

My/our first payment will be made on (month/year) _____.

Payment options:

I/we plan to make payments in the form of:

- Check *(payable to the Flynn Center)*
 Securities *(contact Gina Haddock, Development Director, at 802-652-4533 for details)*
 Credit Card. Please charge my credit card according to the payment plan outlined above.
 Visa MasterCard American Express Discover

Name on Card

Card Number

Exp. Date

Donor Information:

Name(s)

Address

City

State

Zip

Phone(s) – home, work, cell, fax (please specify)

Email Address

Acknowledgement Information:

Please use the following name(s) in all public acknowledgements for Andrea's Legacy Fund:

- _____
 I/we wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Thank you for supporting Andrea's Legacy Fund, honoring Andrea Rogers and securing her legacy!

All contributions to Flynn Center for the Performing Art, Ltd., a nonprofit, 501(c)(3) organization, are tax deductible to the fullest extent allowed by law.

Please return signed original to: Gina Haddock, Development Director • 802-652-4533 • rhaddock@flynncenter.org
Flynn Center for the Performing Arts, 153 Main Street, Burlington VT 05401