

2022 DONATION COMMITMENT

Please complete this form and return it to Savannah Music Festival, Attn: Development Department, 200 East Saint Julian Street, Suite 601, Savannah, GA 31401 or email development@savannahmusicfestival.org. Gifts may also be made online at weblink.donorperfect.com/supportSMF or by phone at 912.234.3378 x106.

Notifying Savannah Music Festival of your commitment enables us to provide a receipt for your gift and to recognize your contribution appropriately. You can find a full list of donor benefits at savannahmusicfestival.org/benefits or by contacting the SMF Development Department.

Savannah Music Festival is a nonprofit charitable organization as designated by the IRS. The federal 501 (c) (3) designation is 58-1401616. All contributions are tax-deductible to the extent allowed by law.

DONOR LEVEL

LEVEL OF SUPPORT (SELECT ONE)

- | | |
|---|---|
| <input type="checkbox"/> PATRON \$100-\$499 | <input type="checkbox"/> SILVER \$10,000-\$14,999 |
| <input type="checkbox"/> AFICIONADO \$500-\$1,249 | <input type="checkbox"/> GOLD \$15,000-\$24,999 |
| <input type="checkbox"/> FRIEND (SINGLE) \$1,250-\$2,499 | <input type="checkbox"/> PLATINUM \$25,000-\$49,999 |
| <input type="checkbox"/> FRIENDS (COUPLE) \$2,500-\$4,999 | <input type="checkbox"/> DIAMOND \$50,000-\$99,999 |
| <input type="checkbox"/> BRONZE \$5,000-\$9,999 | <input type="checkbox"/> FOUNDER \$100,000+ |

ENDOWMENT (OPT.) \$ _____ *Any additional amount is appreciated!*

TOTAL GIFT AMOUNT \$ _____

Please note: All gifts made to SMF are unrestricted and will be used wherever the funds are needed most unless otherwise designated by the donor. To designate your funds to a specific artistic or educational program, please contact SMF Development.

DONOR INFORMATION

Donor Name #1		Donor Name #2 (if applicable)	
Street Address	City	State	Zip
Email	Home Phone	Mobile Phone	
How SMF Should Recognize You			
Signature		Date	

PAYMENT OPTIONS

- My check payable to Savannah Music Festival is enclosed
 Please charge my credit card

Name on Card	Card Number	Expiration Date
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- Please split my payments into equal monthly installments using the card above. **All payments must be paid in full by June 30.**
 I would like to pledge now and pay before the end of the fiscal year. **All pledges must be paid in full by June 30.**
 Please send me a pledge reminder via email / mail / phone on (date) _____
 I would like to make my gift through a gift of securities (details, if known) _____

OTHER

- I choose to decline all tangible benefits to receive the full tax deduction.
 A corporate matching gift will be made by (company) _____
 My gift is in honor / memory of (name) _____
 A notification letter should be sent to (name) _____ at (address) _____