

DONOR CONTACT INFORMATION

Organization/Contact: _____

Donor Name: _____
Prefix First Middle Last Suffix

Spouse Name: _____
Prefix First Middle Last Suffix

Preferred Address: _____

City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

CONTRIBUTION INFORMATION

Total Commitment Amount: \$ _____ Initial Payment: \$ _____

Preferred Reminder Date: _____

Pledge Duration

- 5 Years (max)
 3 Years
 Other _____

Payment Schedule

- Annually \$ _____
Semi-Annually \$ _____
Quarterly \$ _____
Monthly \$ _____

Payment Option

- Cash
 Check

Please remember to make all checks payable to the Mississippi Commission for International Cultural Exchange, Inc.

MEDIA RELEASE INFORMATION

Donor gives permission to publicize gift: Yes (Check all that apply below) No

- MCICE Publications (Magazine/Newsletter/Web) Public Media (Newsletter/Television) Amount of gift may be disclosed

SPECIAL INSTRUCTIONS

SIGNATURES

I hereby certify that the above information is true, correct and complete, and that my intention to contribute serves as an expression of commitment to the Mississippi International Arts Pavilion.

Donor Date Fundraiser Date

The Mississippi Commission for International Cultural Exchange, Inc. (MCICE) is a 501(c)(3) organization. Gifts are tax-deductible to the extent of current IRS regulations.

Contributions will be used to establish the Mississippi International Arts Pavilion.