

The Northwest African American Museum Pledge/Gift Payment Form

Yes! I (we) want to make a difference by supporting the Northwest African American. Please enroll me (us) at the giving level indicated below. The 18,000 sq. ft. Northwest African American Museum located in the historic Colman School has three principle galleries, a classroom, multi-media learning center, artist workrooms, outdoor sculpture garden and artist studio, a café and museum store. The Museum celebrates the history and traditions of African Americans in the Northwest.

Please check one:

- | | |
|--|------------------------------|
| <input type="radio"/> Visionary (Donor Wall 1 & Naming Opportunity) | \$100,000 & above |
| <input type="radio"/> Developer (Donor Wall 1) | \$ 50,000 - \$ 99,999 |
| <input type="radio"/> Catalyst (Donor Wall 1) | \$ 10,000 - \$ 49,999 |
| <input type="radio"/> Champion (Donor Wall 2) | \$ 5,000 - \$ 9,999 |
| <input type="radio"/> Architect (8x8 tile) | \$ 1,000 - \$ 4,999 |
| <input type="radio"/> Builder (6x6 tile) | \$ 250 - \$ 999 |
| <input type="radio"/> Sponsor (certificate) | \$ 50 - \$ 249 |

My (our) total pledge/gift is \$ _____

We are a 501c(3) organization. Contributions are tax deductible to the extent permissible by law.

DONOR INFORMATION

Name(s): _____

Please print your name(s) exactly as you would like to be recognized in campaign publications.

I (we) give my pledge/gift in honor or memory of _____ I (we) wish to remain anonymous

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Business Phone: (_____) _____ - _____

Fax: (_____) _____ - _____ E-Mail: _____

PLEDGE/GIFT INFORMATION

Of my (our) total pledge amount, \$ _____ is enclosed, \$ _____ is the remainder.

I (we) wish to have to this donation spread over 1 2 3 year (s) other _____ (for gifts of \$1000+)

I(we) wish to pay monthly quarterly semi-annually annually

METHOD OF PAYMENT

CHECK Enclosed (Please make payable to: **Northwest African American Museum**)

STOCK Please call: NAAM at (206) 267-1822

CREDIT CARD: VISA MASTERCARD DISCOVER

Name on Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Matching Gift or Payroll Deductions: Form enclosed Form will be forwarded

(Check option and list company/foundation) _____

Signature _____ Date _____

I (we) have designated Northwest African American Museum in my (our) will/estate planning.

*To learn more about our naming opportunities, call Leila Miles, NAAM Director of Development at (206) 267-1822 or email lmiles@naamnw.org. Mail your pledge or gift payment to: Northwest African American Museum, ATTN: Leila Miles, Director of Development, PO Box 22889 Seattle, WA 98122. You may also fax this form to (206) 223-4990. **Thank you for making the dream a reality.***