

BALLET DES MOINES

CAMPAIGN PLEDGE FORM



We pledge to donate \$_____ to the Ballet Des Moines campaign.

Enclosed is my gift paid in full (Check payable to Ballet Des Moines)

I/we prefer to make payments over a period of _____ (up to 3 years) beginning: _____, 202_, on the following basis:

Quarterly Annually Other

Please send me pledge reminders: Quarterly Annually Other

I/we would like to make my gift by donating stock or securities (instructions will be sent)

I/we have included Ballet Des Moines in my will/trust/insurance policy/retirement plan.

Please send me information about including Ballet Des Moines in my will/estate plan.

My employer has a gift matching program and I will complete the information for matching. Employer name: _____

For recognition purposes list my/our name as: _____

I/we would prefer to remain anonymous

This gift is made in honor / memory of (please circle one): _____

Please notify _____

Address _____ City/ST/ZIP _____

Thank you for making a commitment to the Ballet Des Moines campaign!
If you have any questions, please contact: Blaire Massa, CEO, Ballet Des Moines at
blaire@balletdesmoines.org

Name _____

Address _____

City, State, Zip _____

Phone/Email _____

CAMPAIGN PLEDGE FORMS CAN BE MAILED TO BALLET DES MOINES,
C/O BLAIRE MASSA, 655 WALNUT STREET, SUITE 120, DES MOINES IA 50309

THANK YOU FOR YOUR GENEROUS SUPPORT OF BALLET DES MOINES
ALL CONTRIBUTIONS ARE DEDUCTIBLE AS ALLOWED BY LAW. BALLET DES MOINES IEN: 94-3417247