



CAPITAL CAMPAIGN -- COMMITMENT FORM

Donor _____

Primary Contact _____

Street Address _____

City, State, Zip _____

Ofc# _____ Home _____ Fax# _____ Email _____

In consideration of the plans and needs of the Kauffman Center for the Performing Arts capital campaign, I/We hereby pledge a total of \$ _____ . The following represents my preferred payment terms:

Lump-sum - To be paid on or about: _____ (month/day/year)

Method (check applicable):

- Check (Please make payable to the *Kauffman Center for the Performing Arts*)
- Credit Card: Visa MasterCard Discover American Express
Card Number _____ Exp. Date _____
- Other (e.g. stock, securities, etc.)

Installments - Frequency _____ (monthly/quarterly/semi-annual/annual)

Payments will be made according to the following schedule:

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If payment will come from source other than the donor as listed above, please provide name of individual, company or foundation/trust from which donation will be made:

In recognition of this commitment, I/We would like to be listed as follows in any publications or press releases pertaining to the project. (Check if you prefer to remain anonymous.)

NAMING OPPORTUNITIES: Check if interested in naming opportunities

SEAT NAMING CAMPAIGN: Check if interested in seat naming opportunities

Signature

Date

Please mail completed form to 906 Grand Blvd., 11th Floor, Kansas City, MO 64106 or fax to (816) 994-7201.
For questions, please call (816) 994-7239 ▪ Federal Tax ID #43-1866550