



MARY R KOCH ARTS CENTER

PLEDGE FORM

I/we pledge \$ _____, to be paid over _____ year(s) (maximum of 3 years).

Date pledge to begin: _____

Payment plan (check one):

Annually Semi-annually Quarterly

Other, please note: _____

Unless otherwise indicated, your payment reminder will be emailed to the address below:

Company name _____

Company representative/title _____

Individual: First name _____ Last name _____

(Please list name(s) as you wish noted in recognition materials)

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____ Date _____

May we include your name, without amount, in our list of donors? Yes No

May we share your name/pledge amount with financial institutions solely for the purpose of obtaining a loan, if necessary, for construction of the project? Yes No

May we share your name/pledge amount with foundations as part of their grant application? Yes No

Are you interested in naming opportunities? Yes No

If yes, please list your preferred naming opportunity _____

Pledge payments should be sent to:

Mark Arts

Attn: Capital Campaign

9112 E Central, Wichita, KS 67206