



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>
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

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.)

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- NAMING OPPORTUNITIES: Check if interested in naming opportunities
 - ENDOWMENT FUND: Check if contribution is designated for the operating endowment

Signature Date

Please mail completed form to 1601 Broadway, Kansas City, MO 64108 or fax to (816) 994-7201
For questions, please call Christopher Beal at (816) 994-7219 ▪ Federal Tax ID #43-1866550