



Gift Form

Name _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Email _____

Enclosed is my/our gift of:

\$50 \$100 \$250 \$400* \$500 \$1,000 \$2,500 \$5,000 Other \$ _____

*A gift of \$400 or more received between January 1 - December 31 qualifies donors for priority ticketing for the upcoming Interlochen Summer Arts Festival.

My check, payable to Interlochen Center for the Arts is enclosed.

Please charge my credit card: Visa Mastercard American Express Discover

Card Number _____ Expiration Date _____

Name on card _____ Signature _____

For recognition purposes, please list my/our name as: _____

If you would like to begin a recurring gift on a monthly basis please visit: **www.interlochen.org/giveonline**. It reduces administrative costs allowing a gift to stretch even further while saving time and money.

You may view Interlochen giving clubs and donor benefits at: **www.interlochen.org/givingclubs**

I would like my/our gift to be: in honor of in memory of:

Name _____

Please send a notification to:

Name _____ Address _____ City/State/Zip _____

I have attached my completed matching gift form from my or my spouse's employer.
Check matching gift companies at: **www.interlochen.org/icamatch**

I would like information on establishing an Annual Named Scholarship.
To read more, please go to: **www.interlochen.org/namedscholars**

I have included Interlochen in my will I'd like information on including Interlochen in my estate plan

Please mail or fax to:
Interlochen Center for the Arts
P.O. Box 199
Interlochen, MI 49643-0199
Fax: 231.276.7887

For further information, please contact us at: 231.276.7623 or **advancement@interlochen.org**.