MEDICI CIRCLE

Signature



Date

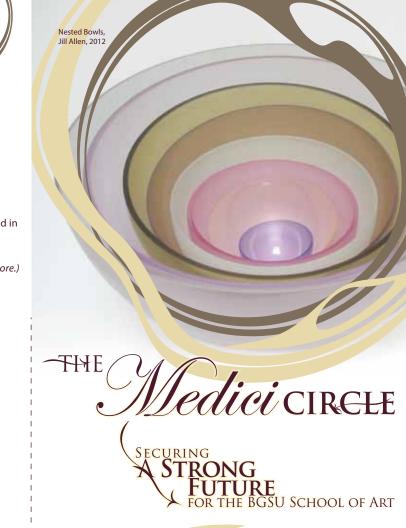
G	IFT FORM				
Oth	er Gift Options (continued)	:			
	Payment by installment				
	It is my/our intent to fulfill the remainder of this commitment by making:				
	☐ annual ☐ quarterly ☐ monthly payments of:				
	\$	beginning on			
	employer's matching gift fo (Please check with your Human Company Name		artment to find out mo		
	BGSU payroll deduction		Match Ratio		
	per	pay period until	gift is paid off		
	beginning on	(mo	nth/year).		
	Employee Type				
	BGSU ID Number				



Please mail form to:

The Medici Circle **School of Art** 1000 Fine Arts Center **Bowling Green State University** Bowling Green, OH 43403-0204

www.givetobgsu.com/medici



YOU ARE INVITED

to consider this special invitation to become a Medici Circle Friend of the School of Art to champion creative and scholarly excellence in the visual arts at BGSU.

www.givetobgsu.com/medici

MEDICI CIRCLE CATEGORIES

\$5
\$25
\$50
\$100
\$300
\$500
\$1,000
\$2,000
\$3,000

By becoming a Medici Circle Friend of the School of Art, you will help our students achieve creative and scholarly excellence in the visual arts.

All levels of membership receive invitations to annual Medici events, Primavera Gala and the Medici Newsletter. Annual membership year runs from July 1 – June 30.

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MEDICI CIRCLE

Other gift options on reverse

GIFT FORM

ANNUAL MEMBERSHIP YEAR RUNS FROM JULY 1 – JUNE 30

Name(s)				
Home Address			_	
City		State Zip		
Telephone (Home)		Telephone (Cell)		
Email Address				
TOTAL AMOUNT OF GIFT:	\$			
		checks payable to ndation, Inc./Med		
☐ Please charge my:	Please charge my:			
□ VISA □ Maste	Card 🗆	American Expres	s 🔲 Discover	
Account Number		Exp. Date (mm/y	y) CVV code	
Signature			Date	
Other Gift Options:				
	Electronic Funds Transfer			
☐ Checking ☐ S	avings	Daywa and Evany		
Amount □ \$5		Payment Freque ☐ monthly	ricy	
□ \$15		☐ quarterly		
\$20		annually		
☐ Other Amount \$		- -		
Financial Institution		Account Number		
		Bank Routing N	lumber	
Please attach a voi	Please attach a voided check or deposit slip with this form.			
I (we) authorize the contribution from tl month. I (we) under	I (we) authorize the BGSU Foundation, Inc. to deduct my (our) contribution from the account indicated above on the 15th of the month. I (we) understand that if I (we) decide to discontinue this pl. I (we) will notify the BGSU Foundation, Inc. at least two weeks prior.			
Signature(s)			Date	
Online denation	to \\\\\\	.givetobgsu.com	/medici	