

MEDICI CIRCLE GIFT FORM

Other 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

- ☐ I (we) work for a matching gift company, and I (we) am interested in doubling or tripling the impact of my gift by completing my employer's matching gift form.

(Please check with your Human Resource department to find out more.)

Company Name Match Ratio

☐ **BGSU payroll deduction**

☐ \$ per pay period until gift is paid off

beginning on (month/year).

Employee Type ☐ Faculty ☐ Administrative ☐ Classified

BGSU ID Number

Signature Date



BGSU[art]

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

Nested Bowls,
Jill Allen, 2012

THE *Medici* CIRCLE

SECURING
A STRONG
FUTURE
FOR THE BGSU SCHOOL OF ART

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

STUDENTE D'ARTE \$5

- Available for Students Only

PARENTE D'ARTE \$25

- Available for Parents and
Relatives of Students Only

GHIBERTI \$50

DONATELLO \$100

BOTTICELLI \$300

RAPHAEL \$500

MICHELANGELO \$1,000

LEONARDO \$2,000

LORENZO IL MAGNIFICO \$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.

www.givetobgsu.com/medici

MEDICI CIRCLE 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:

\$

☐ Check enclosed **Make all checks payable to:**
BGSU Foundation, Inc./Medici Circle

☐ Please charge my:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Account Number

Exp. Date (mm/yy)

CVV code

Signature

Date

Other Gift Options:

☐ **Electronic Funds Transfer**

☐ Checking ☐ Savings

Amount

Payment Frequency

☐ \$5

☐ monthly

☐ \$15

☐ quarterly

☐ \$20

☐ annually

☐ Other Amount \$ _____

Financial Institution

Account Number

Bank Routing Number

Please attach a voided check or deposit slip with this form.

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 plan
I (we) will notify the BGSU Foundation, Inc. at least two weeks prior.

Signature(s)

Date

Online donation – go to www.givetobgsu.com/medici

↪ Other gift options on reverse