Gift Pledge Form

Dollar amount listed below represents full pledge amount

GIFT: I am delighted to support the Sustainability Campaign with a gift of $___________

Name(s): ____________________________________________ Email: __________________________
Phone: _____________________________________________
Address: ____________________________________________ City, ST Zip: _____________________
Signature: __________________________________________ Date: _____________________________

List as: □ I/We prefer to remain anonymous □ I/We prefer not to be listed in print recognition □ I/We prefer not to be listed in online recognition

I would like this gift to count toward the following named gift item(s):
________________________________________________________________________________________________________

PAYMENT INFORMATION: □ New Pledge □ Payment on Existing Pledge

Payable over: □ 1 year □ 2 years □ 3 years □ 4 years □ 5 years
Frequency: □ Annually □ Quarterly □ Monthly

Please send an annual reminder in the month of ______________________

Enclosed is $___________ Please make check payable to 171 Cedar Arts Center

Protecting your sensitive information is a high priority. To pay by credit card please visit our website www.171CEDARARTS.ORG; our office at 155 or 171 Cedar Street in Corning, NY; or call 607-936-4647. Web users should find the donate page on our website and click “Sustainability Fund.”

171 Cedar Arts Center does not keep a record of your credit card information. Multi-year pledges must be paid in cash, cash equivalent, or securities.

Additional Donation Options:
□ Donor Advised Fund or Foundation: Intend to recommend annual payments from ____________________________

□ Employer Matching Gift: Please email a copy of my receipt to the above address and I will submit my donation for a matching gift (or I have enclosed my matching gift form).
Name of Employer ____________________________

□ Appreciated Securities: Please visit www.171CEDARARTS.ORG or Kim Huston at 607-936-4647

NAMED GIFT OPPORTUNITY RESERVATION FORM:

Name of Item: ______________________ Value: ______________________
If desired, note below specific recognition inscription: i.e. In recognition of..., In honor of..., Contributed by..., etc.
____________________________________________________________________________________________________

Date Reserved: ______________________ Date Acknowledged: ______________________
Payment Terms: ______________________ Solicited by: ______________________

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