



CONTRIBUTION FORM

Please complete and return to:
Telluride Film Festival
800 Jones Street
Berkeley, CA 94710

Tel: 510.665.9494 • Fax: 510.665.9589
e-mail: sponsor(at)telluridefilmfestival.org
web: www.telluridefilmfestival.org

Date: _____

I would like to help perpetuate and enhance the service and artistic quality of the Telluride Film Festival. I understand that my contribution is tax-deductible to the extent provided by law.

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

1. I wish to make a gift of \$_____ to the Telluride Film Festival.

Please direct my contribution to the following fund (choose one, if desired):

- Festival Operations
- Capital Fund
- Endowment Fund

2. Payment Options:

My check (made payable to the Telluride Film Festival) is enclosed here.

Please charge my contribution to my credit card:

- MasterCard
- Visa

Card No. _____

Expiration Date _____

Signature _____

I would like to pledge a contribution of \$_____. I have enclosed a check in the amount of \$_____ with the balance of my pledge to be paid by _____.

Please send me quarterly reminders of the balance due on my pledge.

3. Additional Comments:

My gift qualifies for a matching corporate contribution from _____
_____. I have enclosed the necessary matching gift paperwork.

Please send me information on including the Telluride Film Festival in my estate plan.

4. I would like to request that my contribution recognition read as follows: _____
