



# Full Frame Individual Giving

Mail: Full Frame Documentary Film Festival  
342 Blackwell Street, Suite 500  
Durham, NC 27701

Phone: 919.687.4100  
Fax: 919.687.4200

**Thank you for your support. Your gift does make a difference!**

## Full Frame Memberships

Please select your desired level of membership

### Membership Levels

- \$10,000 +
- \$2,500
- \$1,000
- \$500
- \$250
- \$100
- \$50

\*Please refer to the Member Benefits list for the tax value offered at each membership level.

**I would like to give a tax-deductible contribution in the amount of:**

\$ \_\_\_\_\_

\*Charitable donations are not associated with any member benefits and are tax-deductible to the fullest extent permitted by law.

My employer, \_\_\_\_\_, has a **Matching Gift** program. I have attached my company's matching gift form.

## Required Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be listed on donor acknowledgments? \_\_\_\_\_

This membership/donation is: \_\_\_\_\_ A Gift for \_\_\_\_\_ In Honor of \_\_\_\_\_ In Memory of

Individual's Name: \_\_\_\_\_

Please send a notification letter on my behalf to:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Payment Information

Total Contribution \$ \_\_\_\_\_

\_\_\_\_\_ My check is enclosed Charge my: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Am. Express \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_