



## Multi-Year Pledge

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

Phone: 919.687.4100  
Fax: 919.687.4200

In support of the Full Frame Documentary Film Festival, I/We pledge and promise to pay the total sum of \$ \_\_\_\_\_ to be paid as follows:

\$ _____	on _____
\$ _____	on _____
\$ _____	on _____
\$ _____	on _____
\$ _____	on _____

This is an unrestricted pledge, and I understand that it may be used for any purpose within the mission of the Full Frame Documentary Film Festival, as determined by the Executive Director

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

My gift qualifies for a matching contribution from \_\_\_\_\_  
I have enclosed the required matching gift paperwork.

Please accept my contribution as a fully tax-deductible charitable gift not associated with any benefits

### Contact Information

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

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

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

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

How would you like to be listed on donor acknowledgments?

\_\_\_\_\_