



I/we pledge to support Kaleideum with a total gift of \$_____ payable over _____ (up to 5) years, beginning on ____/____/____.

Signature

Address

Donor(s) Name Printed

City/State/Zip

Email

Phone

I will pay by check (payable to Kaleideum)

Please charge my Credit Card:

Name as it appears on card

Card Number

Expiration

*Please return to:
Kaleideum
Attn: Development
400 W. Hanes Mill Road
Winston-Salem, NC 27105*

Kaleideum will send a pledge reminder one month before the payment is due.

Please contact me about a gift of stock, insurance or other gift type.

This donation is eligible for a matching gift _____

Company Name