

NORTH CAROLINA MUSEUM OF ART FOUNDATION, INC.

OUR TRANSFORMATION: THE CAMPAIGN FOR THE NORTH CAROLINA MUSEUM OF ART

Campaign Pledge Agreement

Date_____

The OUR TRANSFORMATION Campaign is an effort to secure endowment and program funds for the North Carolina Museum of Art Foundation, Inc., which supports the North Carolina Museum of Art. The Campaign runs through December 31, 2013. Pledges may be paid over a period not to exceed five years.

NAME(S)_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE_____

E-MAIL_____

COMMITMENT

I/We, _____ (“Donor”), in consideration of the other persons pledging funds to this Campaign, pledge to give \$_____ (the “Gift”) to the North Carolina Museum of Art Foundation, Inc. (“the Foundation”), for the purpose of providing funds to support the North Carolina Museum of Art (the “Museum”). The Gift will be paid to the Foundation in accordance with the following schedule:

\$_____ BY _____
MO/YR

\$_____ BY _____
MO/YR

\$_____ BY _____
MO/YR

\$_____ BY _____
MO/YR

\$_____ BY _____
MO/YR

This Gift is to be used for the following purpose(s):

- Endowment (For Endowment gifts of \$250,000 or more, a fund agreement will be established; endowment gifts of less than \$250,000 will be added to the Foundation’s general endowment.)
- Museum Programs
- Museum Grounds
- General Operating Support

The Donor may choose to make additional contributions and also may choose to accelerate the scheduled payments. The Donor anticipates that the Gift will be paid in full by_____. The property (funds) making up this Gift may, for investment purposes, be merged with the general investment assets of the Foundation.

My/Our personal contribution will be matched by the following corporation(s)_____ or foundation(s)_____.

Alternatively, I/we intend to recommend a Gift from our donor-advised fund at_____.

For purposes of Campaign crediting, my/our personal Gift described here and any matching component will be my/our commitment to the Campaign. My/our other contributions during this period (such as memberships and sponsorships) will be gratefully acknowledged in the Museum's ongoing programs of stewardship and will not be included in Campaign gift totals.

Please note: a reminder will be mailed to the Donor prior to the scheduled pledge payment dates.

The Foundation is relying upon this Gift for support of its programs. In the event of the Donor's death prior to the completion of this pledge, the unpaid balance _____will/_____will not be considered an obligation of my/our estate. (Please consider a codicil or other documentation in order to ensure full payment of this pledge.)

RECOGNITION

Recognition of the Donor's generosity and this Gift may include listing in an honor roll of donors, naming of a space, or another appropriate naming opportunity. (Naming of the Museum's facilities is subject to approval by the Museum's Board of Trustees.)

Name(s) as you would like it (them) to appear in Campaign recognition:

I/We prefer that the Gift be anonymous.

SIGNATURES

DONOR

DATE _____

DONOR

DATE _____

North Carolina Museum of Art Foundation, Inc.

BY: _____
NAME/TITLE

DATE _____

Please return this form to :

Kathryn F. Yandell
Senior Director of Major Gifts
North Carolina Museum of Art Foundation
4630 Mail Service Center
Raleigh, North Carolina 27607-6494

