

# Museum of Television

## Founding Donation Form

[www.MuseumofTV.org](http://www.MuseumofTV.org)

Name \_\_\_\_\_

(As you would like to be recognized as a donor)

I wish to remain anonymous

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

(All personal information will be kept confidential and will not be shared or sold)

### DONATION INFORMATION

I / we pledge a total of \$ \_\_\_\_\_ and plan to make payments in \_\_\_\_\_ installments of \$ \_\_\_\_\_. Installments will be paid on a \_\_\_\_\_ (monthly/quarterly/yearly) basis starting on \_\_\_\_\_

### DONATION RECOGNITION

Gallery Naming (\$1M+)

Founders Wall - Tier 1 (\$50K+)

Dedicated Lobby Plaque (\$500K+)

Founders Wall - Tier 2 (\$25K+)

Featured Lobby Plaque - Tier 1 (\$250K+)

Founders Wall - Tier 3 (\$10K+)

Featured Lobby Plaque - Tier 2 (\$100K+)

\_\_\_\_\_ Other

### PLEDGE TERM

One Year  Two Years  Three Years  Other \_\_\_\_\_

### TRIBUTE GIFT

I wish to make this gift in honor of: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### PAYMENT INFORMATION

My check is enclosed, payable to: **Museum of Television**

Please note on your check that funds are designated for Museum of Television

Please Charge my:  American Express  Visa  MC  Discover

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

I will make a payment(s) through PayPal to: **Museum of Television**

### DONATIONS AND PLEDGES MAY BE MAILED TO:

Museum of Television - POB 3264 Beverly Hills, California 90212 - (818) 242-4343 EIN 45-5054881