



Raising the Bar for the Arts

Naming Opportunities

Naming Opportunity	Level
Named Building	\$1,000,000
Courtyard	\$200,000
Classroom 1	\$200,000
Gallery Commons	\$175,000
Classroom (Kitchen)	\$125,000
The Art Walk - Hallway	PLEDGED
Classroom 2	PLEDGED
Studio #1	\$50,000
Studio #2	\$50,000
Named 12" x 24" Floor Tile	\$20,000
Named 12" x 12" Floor Tile	\$10,000
Named 6" x 12" Floor Tile	\$5,000
Named 6" x 6" Floor Tile	\$2,500
Donor Wall Naming Recognition	\$1-\$2,499



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COMMITMENT FORM

Jamestown Fine Arts Association, Inc.
115 2nd St SW, Jamestown, ND 58401 (701) 251-2496

I/we would like to contribute to the Jamestown Fine Arts Association, Inc. Capital Campaign by committing \$_____ with the following payment schedule which is to be applied toward the campaign at the discretion of Jamestown Fine Arts Association, Inc.



SCHEDULED PAYMENTS

Amount to be paid over (circle one): 1 year 3 years 5 years

First payment of \$_____ will be made on _____

Remaining payments to be made on the following schedule:

\$_____ Monthly beginning on _____

\$_____ Quarterly beginning on _____

\$_____ Semi-Annually beginning on _____

\$_____ Annually beginning on _____

\$_____ Other _____

A pledge reminder will be sent to you prior to each payment date.

State your preferences below:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> 1st of the month |
| <input type="checkbox"/> Letter | <input type="checkbox"/> 15th of the month |
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> 30th of the month |

☐ Check is enclosed

Payable to the Jamestown Fine Arts Association, Inc.

☐ Auto-payment

Please provide bank account information

Account Holder Name _____

Routing No. _____

Account No. _____

Account Type: ☐ Checking ☐ Savings

☐ Credit Card

Name on Card _____

Card Number _____

Exp. Date _____ / _____

Jamestown Fine Arts Association, Inc. is a 501(c)3 organization.

Your contribution is tax deductible to the extent allowed by IRS regulations. If you have specific tax questions, please consult with your financial, tax, or legal advisor.

GIFT RECOGNITION

- ☐ Please list my/our name as indicated: _____
- ☐ I/we wish to remain anonymous; do not include my/our name in any donor listing.
- ☐ I/we wish to discuss naming opportunities.

DONOR INFORMATION

Print Name(s) _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

Signature _____ Date _____