



LONGVIEW MUSEUM OF FINE ARTS

Submit online



IGNITE THE DREAM

DONOR INTENT FORM

Name (as you would like it listed) _____

Point of Contact for Companies and Tributes _____

Mailing Address _____ City, State, Zip _____

Email _____ Phone _____

Pledges can be given in one payment or in multiple payment over a maximum of five years.

Pledge Amount _____ Beginning Date _____

ONE TIME PAYMENT

Check or money order enclosed Invoice me Charge my credit card in the amount of \$_____

RECURRING PAYMENT

Invoice me Charge my credit card

Frequency: Annually Monthly

Year 1: _____ Amount: \$_____

Year 2: _____ Amount: \$_____

Year 3: _____ Amount: \$_____

Year 4: _____ Amount: \$_____

Year 5: _____ Amount: \$_____

My first check or money order is enclosed

CREDIT CARD INFORMATION

_____ Visa _____ Master Card _____ Discover _____ AmEx

Expiration Date: _____ / _____ CVV: _____

Signature _____

Credit this pledge to the following person:



Mail form to: Longview Museum of Fine Arts P.O. Box 3484 Longview, TX 75606

Contact us at: lmfadirector@lmfa.org 903-753-8103