



## DONATION FORM

Mail to: Full Frame Documentary Film Festival  
324 Blackwell Street, Suite 500  
Durham, NC 27701  
Phone: 919.687.4100 Fax: 919.687.4200

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### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address 1 \_\_\_\_\_ Home Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Spouse's Name (optional) \_\_\_\_\_

### Gift Designation

I would like to (please check one):

- Make a One Time Gift  
 Make a Recurring Monthly Gift for 1 Year  
 Make a Recurring Quarterly Gift for 1 Year

My Gift Amount: \$ \_\_\_\_\_ USD

For gifts totaling \$1000 or more, would you like **First Team Benefits**?  YES  NO

My employer \_\_\_\_\_ has a **Matching Gift** program. I have attached my company's matching gift form.

### Comments

Please include any notes or comments regarding your gift in the section below.