



Donation Form

Mail: Full Frame Documentary Film Festival
342 Blackwell Street, Suite 500
Durham, NC 27701

Phone: 919.687.4100
Fax: 919.687.4200

I would like to give a tax-deductible contribution in the amount of: \$ _____

Charitable donations are tax-deductible to the fullest extent permitted by law and are not associated with any benefits.

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

Required Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How would you like to be listed on donor acknowledgments?

This donation is: _____ *A Gift for* _____ *In Honor of* _____ *In Memory of*

Individual's Name: _____

Please send a notification letter on my behalf to:

Name(s): _____

Address _____

City: _____ State: _____ Zip: _____

Payment Information

My Contribution \$ _____

I would like to make a recurring gift (monthly, quarterly or annually) of \$ _____ which in total will equal the above contribution.

My check is enclosed **or** Charge my: _____ Visa _____ MC _____ Am. Express _____ Discover

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Signature: _____

Date: _____

Visit us at fullframefest.org