



Full Frame Individual Giving

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

Fax: 919.687.4200
Questions: Rebecca Werlin
919.433.9800

Thank you for your support. Your gift does make a difference!

Full Frame Memberships

Please select your desired level of membership

<u>Membership Levels</u>	<u>Price</u>
<input type="checkbox"/> Premiere AA	\$15,000.00
<input type="checkbox"/> Premiere A	\$10,000.00
<input type="checkbox"/> Premiere B	\$5,000.00
<input type="checkbox"/> Premiere C	\$2,500.00
<input type="checkbox"/> Matinee D	\$1,000.00
<input type="checkbox"/> Matinee E	\$750.00
<input type="checkbox"/> Matinee F	\$500.00
<input type="checkbox"/> Midnight G	\$250.00
<input type="checkbox"/> Midnight H	\$100.00
<input type="checkbox"/> Midnight I	\$50.00

*Please refer to the Member Benefits list for the tax value offered at each membership level.

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

\$ _____

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

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

Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How would you like to be listed on donor acknowledgments? _____

This membership/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

Total Contribution \$ _____

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

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Signature: _____ Date: _____