



Multi-Year Pledge

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

Phone: 919.687.4100
Fax: 919.687.4200

In support of the Full Frame Documentary Film Festival, I/We pledge and promise to pay the total sum of \$ _____ to be paid as follows:

\$ _____ on _____

\$ _____ on _____

\$ _____ on _____

\$ _____ on _____

This is an unrestricted pledge, and I understand that it may be used for any purpose within the mission of the Full Frame Documentary Film Festival, as determined by the Board of Directors of Doc Arts, Inc.

Signed: _____ Date: _____

_____ Date: _____

- Please apply this contribution towards a Full Frame Membership that corresponds to the total amount of my yearly pledge. Tax values vary according to level of membership.
- Please accept my contribution as a fully tax-deductible charitable gift. Not associated with any member benefits

Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How would you like to be listed on donor acknowledgments?
