

**Contributor Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Annual Report Listing Name: \_\_\_\_\_

**Or**

I wish my donation to be Anonymous

**Donation/Pledge**

**A one-time tax deductible donation in the amount of:**

- Advocate (\$1,500)  Innovator (\$2,500)  Pioneer (\$5,000)  Visionary (\$10,000)  
 Leader (\$1,000)  Partner (\$500)  Contributor (\$250)  Donor (\$100) Other Amount \_\_\_\_\_

If not including payment below, please indicate \_\_\_\_\_ (month) \_\_\_\_\_ (year) when you will pay.

**Or**

A sum of \$ \_\_\_\_\_ Once Every \_\_\_\_\_ Month \_\_\_\_\_ Quarter \_\_\_\_\_ Year, for \_\_\_\_\_ years(s) beginning in \_\_\_\_\_ (month) \_\_\_\_\_ (year) amounting to a total of \$ \_\_\_\_\_ in support of SFBI.

Pledge Signature: (Please Sign) \_\_\_\_\_ Date: \_\_\_\_\_

I wish to decline all benefits

**Method of Payment**

Check enclosed, please make checks payable to Santa Fe Business Incubator

Please bill me

Please bill my credit card: Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on the back of card): \_\_\_\_\_

Card Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- My company has a matching gift program  
 I will make gift via United Way  
 I would like information on donating appreciated stock