



**PRESENT *for the* FUTURE**  
*benefiting the programs of*  
**THE ARKANSAS COMMITTEE OF THE  
 NATIONAL MUSEUM OF WOMEN IN THE ARTS**

*I know there are women of my age in Arkansas who aren't aware of how to go about achieving their art career goals. I believe that the endowment is our chance to make sure the ACNMWA gifts I've received, that have literally changed my life, are passed forward. - Laura Bryan*

*What a privilege to be able to work for our mission for over twenty-five years, and a personal privilege to be a member of this great group of women! Our next chapter is the most exciting aspect of our future. With this endowment, we can keep providing the high level of programming we have achieved, and aspire to continue. - Joey Halinski*

**Yes, I want to contribute a tax-deductible gift to the Arkansas Committee  
 Present for the Future Program Endowment Fund.**

Name \_\_\_\_\_ Telephone(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Silver Anniversary Sponsor (\$10,000 - \$100,000)  
 Founder's Honor Roll Member (\$5,000 - \$9,999)  
 Arkansas Committee Advocate (\$500 - \$4,999)

21 Artists for the 21st Century (\$500)  
 Artists' Advocate (\$250+)  
 Friends of Arkansas Artists (\$100+)

Total Dollar Amount of Donation: \_\_\_\_\_

Paid:  One time payment  
 Annually \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_  
 OVER : 1 year 2 years (please circle one)

Method of Payment:  
 Check or Money Order  Bank Draft  Credit Card  Other:  
 Credit Card type (VISA/MC) (please circle one) Credit Card number:  
 Name on card: \_\_\_\_\_ Expiration: \_\_\_\_\_ Code: \_\_\_\_\_

I want to support the endowment with Securities or Real Property (circle one or both).

I want to support the endowment fund through my estate.

Designate My Gift: [ ] In honor of [ ] In memory of: \_\_\_\_\_

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

Permission: \_\_\_\_\_ to publish my name on the ACNMWA website  
 \_\_\_\_\_ to publish my gift designee on the ACNMWA website

Provision: Designee contact information for notification of gift:  
 \_\_\_\_\_  
 \_\_\_\_\_

If paying by check, please mail form and payment to:

ACNMWA  
 P.O. Box 8962  
 Pine Bluff, AR 71611