



## Annual Fund Commitment Form

**Commitment Amount: \$** \_\_\_\_\_

Innovator (\$10,000+)

Partner (\$1,000 - \$2,499)

Champion (\$5,000 - \$9,999)

Sustainer (\$500 - \$999)

Investor (\$2,500 - \$4,999)

Check enclosed, made payable to Kaleideum

Please charge my  Mastercard  Visa

Name as it appears on the card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please return to:**

Elizabeth Marsh, Vice President of Philanthropy  
Kaleideum  
390 S Liberty St  
Winston-Salem, NC 27101

Phone: (336) 723-9111, ext 204 • Fax: (336) 723-9461  
Email: [emarsh@kaleideum.org](mailto:emarsh@kaleideum.org)

*Kaleideum is a 501-C-3 organization. Tax ID: 56-0815746*