



Gift Authorization Form

Annual Gift Information

- | | | |
|-----------------------------------|---------------|-----------|
| <input type="checkbox"/> \$60 | (\$5/month) | Supporter |
| <input type="checkbox"/> \$120 | (\$10/month) | Advocate |
| <input type="checkbox"/> \$300 | (\$25/month) | Promoter |
| <input type="checkbox"/> \$600 | (\$50/month) | Patron |
| <input type="checkbox"/> \$1200 | (\$100/month) | Keeper |
| <input type="checkbox"/> \$3000 | (\$250/month) | Champion |
| <input type="checkbox"/> \$6000 | (\$500/month) | Founder |
| <input type="checkbox"/> Other \$ | _____ | |

If setting up a recurring payment, please list the date of first payment: _____

Payment Authorization

Check enclosed

I intend to recommend this amount from my donor advised fund

As specified above, I authorize A Key Records LLC to charge my:

Visa
 Mastercard
 Discover
 American Express

Card number _____ Exp. Date _____

Name (as it appears on card) _____

Signature _____ Date _____

I anticipate that my gift will be matched by (specify company) _____

Donor Information

Name (as you wish to be listed) _____

Address _____ City, State _____

Zip _____ Phone _____ Email _____

I wish to remain anonymous

Please return this form to: 2806 Reynolda Rd, #127 | Winston Salem, NC 27106

Many thanks for your generous support!