

DONOR PROGRAM

ANNUAL FUND CONTRIBUTION FORM



ROCK AND ROLL
HALL OF FAME + MUSEUM

1100 Rock and Roll Blvd.
Cleveland, Ohio 44114

216-515-1201
rockhall.com

Name (As you would like to be recognized) _____

I wish to remain Anonymous

Title (if applicable) _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Providing your email permits the Rock Hall to communicate with you.

ANNUAL FUND AMOUNT (please check one):

DONOR CIRCLE

- Icon - \$25,000
- Legend - \$10,000
- Rock Star - \$5,000
- Sideman - \$2,500
- Opening Act - \$1,000
- Other \$

CORPORATE DONOR

- Pioneer - \$25,000
- Producer - \$10,000
- Promoter - \$5,000
- Performer - \$2,500
- Presenter - \$1,000
- Other \$

ELECTION OF BENEFITS

- No, I do not wish to receive benefits. My gift will be 100% tax deductible.
- Yes, I wish to receive benefits and understand that the benefits portion of my gift will not be tax deductible.

TRIBUTE GIFT

- I wish to make this gift in honor of: _____
- I wish to make this gift in memory of: _____

HALL OF FAME LEGACY SOCIETY

- I wish to learn how to include the Rock and Roll Hall of Fame and Museum in my estate plan. Please contact me with information.

PAYMENT INFORMATION

- My check is enclosed, payable to: **The Rock and Roll Hall of Fame and Museum, Inc.**
- Please Charge my: American Express Discover MasterCard Visa

Name on Card _____

Account Number _____

Expiration Date _____ Security Code _____

Signature _____ Date _____

- I am transferring stock (please call 216.515.1232)
- I wish to make a pledge in the amount of \$ _____ . Please bill me.

Payment #1 _____ Amount \$ _____ Date _____

Payment #2 _____ Amount \$ _____ Date _____

Pledge Signature _____

My employer, _____, will match this gift.

- My matching gift form is enclosed.