

# UPTOWN

## FILM CENTER

### Donor Information (PLEASE PRINT CLEARLY)

LAST NAME

FIRST NAME

LAST NAME (2<sup>ND</sup> PERSON)

FIRST NAME (2<sup>ND</sup> PERSON)

STREET ADDRESS

APT

CITY

STATE

ZIP

EMAIL

TELEPHONE

### Recognition

NAME(S) AS YOU WISH TO BE RECOGNIZED

NAME(S) AS YOU WISH TO BE RECOGNIZED

☐ I/WE WISH TO REMAIN ANONYMOUS

### Gift Information

#### TOTAL GIFT:

\$ \_\_\_\_\_

#### GIFT TIMING or PLEDGE

☐ This is a one-time gift, payable by check, stocks/wire, credit.

☐ I wish to make this one-time gift a pledge

☐ I wish to make this pledge as follows:

\$ \_\_\_\_\_  
ENCLOSED GIFT

I will pay the remainder over:

☐ 1 YR

☐ 2 YR

☐ 3 YR

☐ OTHER

#### Stocks/Wire Transfers/Other:

To discuss your gift or pledge and ways to donate, contact [development@uptownfilm.org](mailto:development@uptownfilm.org)

### Payment

☐ **CHECK:** Enclosed is my gift of \$ \_\_\_\_\_ Payable to UWS Cinema Center

☐ **CREDIT:** Please charge \$ \_\_\_\_\_ to my \_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Amex

NAME ON CREDIT CARD (PLEASE PRINT CLEARLY)

ACCOUNT NUMBER

EXPIRATION DATE CVV

SIGNATURE

**IRA Distributions:** Are you 72 or older and taking a Required Minimum Distribution from your IRA? Consider this tax-free option when making an end-of-year gift to UPTOWN FILM CENTER Inc.

Online gifts can be made at  
[uptownfilm.org/support](http://uptownfilm.org/support)

This form may be sent to  
[development@uptownfilm.com](mailto:development@uptownfilm.com)  
or to

UPTOWN FILM CENTER,  
440 West End Avenue, 4A,  
New York, NY 10024  
646-874-2402 x 1

EIN: #99-3632277

NYS: #50-52-19

Upper West Side Cinema, Inc., dba UPTOWN FILM CENTER, is a 501(c)(3) non-profit organization and is publicly supported as described in 509(a)(1) of the Internal Revenue Code.