

# Yes!

## I WANT TO CONTRIBUTE

### Building Campaign

\_\_\_\_ YES, I want to make a gift to support De Smet Events Wellness Center Campaign.  
All gifts of \$1,000 and more will be recognized on the donor wall of the Center.

Total Gift Amount \$ \_\_\_\_\_ (payable over three years)

Pledge Period: \_\_\_\_ 1 Year \_\_\_\_ 2 Years \_\_\_\_ 3 Years • Please send reminders: \_\_\_\_ Annually \_\_\_\_ Quarterly \_\_\_\_ One Time

Name as you wish to be recognized: \_\_\_\_\_

### Theater Campaign

\_\_\_\_ YES, I want to help purchase seats for the theater. Total Number of Seats I want to purchase \_\_\_\_ x \$500 = \_\_\_\_\_ Total Amount  
*Please note, this gift helps provide seating in the new theater and does not guarantee of a specific seat designation for performances.  
Please include a separate message for each \$500 gift.*

In memory of \_\_\_\_\_ or,

In recognition of \_\_\_\_\_ or,

Donated by \_\_\_\_\_

### Brick Campaign

\_\_\_\_ YES, I want to purchase laser engraved bricks. Total Number of bricks I want to purchase \_\_\_\_ x \$200 = \_\_\_\_\_ Total Amount  
*Please include a separate message for each \$200 gift. Each message may include up to 3 lines with 15 characters per line.*

Message:	Example:	In Honor of	Jon & Jane	Anderson
	Brick #1:	_____	_____	_____
	Brick #2:	_____	_____	_____
	Brick #3:	_____	_____	_____

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

#### Payment Information

Make checks payable to: **De Smet Community Foundation, PO Box 42, De Smet, SD 57231. EIN#: 46-1401425.**

*Please complete form and return with your check. Your gift is tax deductible as allowed by law.*