

Contributor Information

Last Name: _____ First Name: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: _____

E-mail Address: _____

Annual Report Listing Name: _____

Or I wish my donation to be Anonymous

Donation/Pledge

A one-time tax deductible donation in the amount of:

Developer (\$2,500) Innovator (\$5,000) Pioneer (\$10,000) Visionary (\$25,000)

Leader (\$1,000) Partner (\$500) Other Amount _____

If not including payment below, please indicate _____ (month) _____ (year) when you will pay.

Or

A sum of \$_____ Once Every _____ Month _____ Quarter _____ Year, for _____ years(s) beginning in _____ (month) _____ (year) amounting to a total of \$_____ in support of SFBI.

Pledge Signature: (Please Sign) _____ Date: _____

I wish to decline all benefits

Method of Payment

Pay online at www.sfbi.org

Check enclosed, please make checks payable to Santa Fe Business Incubator

Please bill me

Please bill my credit card: Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ Security Code (on the back of card): _____

Card Signature: _____ Date: _____

My company has a matching gift program

I will make gift via United Way

I would like information on donating appreciated stock