

Medici Circle Gift Form

Other Gift Options

Check boxes:

Payment by installment

It is my intention to fulfill my commitment by making

- Quarterly payments
- Monthly payments

In the amount of _____ Beginning on _____

Matching gift

My employer is a matching gift company. I am interested in utilizing my employer's matching gift program. (Please check with your Human Resources department to find out more).

Company name _____

Match ratio _____

BGSU payroll deduction

_____ per pay period,

beginning on (month/year) _____

Employee type

- Faculty ___ 9 month ___ 12 month
- Administrative Classified

BGSU ID number _____

Signature _____

Date _____

Please mail form to:
The Medici Circle
School of Art
1000 Fine Arts Center
Bowling Green State University
Bowling Green, Ohio 43403-0204



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SCHOOL OF ART | COLLEGE OF MUSICAL ARTS | CREATIVE WRITING | THEATRE & FILM

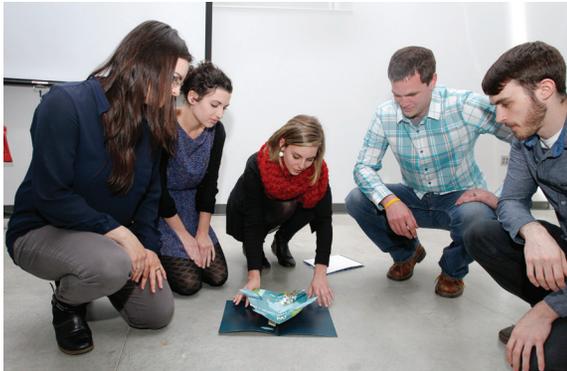
THE Medici Circle

Helping to secure a strong future
for the BGSU School of Art



You Are Invited ...

- > To become a **Medici Circle Friend**
- > To become a champion of the School of Art
- > To help expand the opportunities for creative and scholarly excellence in the visual arts at BGSU



Since 1980, **The Medici Circle** has provided funding for a wide range of enrichment activities that complement the traditional classroom experience and further elevate the excellence of School of Art faculty and students.

Named after the de Medici family in Florence, Italy, founders of the Renaissance and patrons of artists like Leonardo da Vinci and Michelangelo, the Medici Circle allows you, too, to become a champion of artists.

Membership in the Medici Circle helps our students reach new levels of creativity and scholarship through support for visiting artists and scholars, grants, travel to conferences and workshops, and many other initiatives that would otherwise be inaccessible. Additionally, your gifts also help enable students to travel to and study each summer in Florence, Italy!

If you love art and students, please continue your support, or join us!

Renew your Medici Circle membership, then visit us at the School of Art and take pleasure in the creativity and talent that you generously support.



Medici Circle Gift Categories and Access Levels

All levels of membership receive invitations to annual Medici events, the Primavera Celebration and issues of the Medici Circle newsletter. Annual membership runs from July 1 - June 30.

- > **Studente D'Arte** \$5
(Available for students only)
- > **Parente D'Arte** \$25
(Available for parents and relatives of students only)
- > **Ghiberti** \$50

In addition to invitations to annual Medici events, the Primavera Celebration and issues of the Medici Circle newsletter, the levels below also receive additional benefits:

- > **Donatello** \$100
– A private School of Art Galleries tour
- > **Botticelli** \$300
– Arts Extravaganza VIP reception invitation
- > **Raphael** \$500
– Access to a “live look-in” to master class
– Arts Extravaganza VIP reception invitation
- > **Michelangelo** \$1,000
– Invitation to dinner with director of the School of Art
– Arts Extravaganza VIP reception invitation
- > **Leonardo** \$2,000
– Invitation to dinner with School of Art visiting artist
– Arts Extravaganza VIP reception invitation
- > **Lorenzo Il Magnifico** \$3,000
– Invitation to dinner with director of the School of Art and visiting artist
– Arts Extravaganza VIP reception invitation

Medici Circle Gift Form

Annual membership runs from July 1 – June 30

Name(s) _____
 Home address _____
 City _____
 State _____ Zip _____
 Telephone (home) _____
 Telephone (mobile) _____
 Email address _____
 Total amount of gift: \$ _____

Check boxes:

- Check enclosed** (Please make checks payable to: BGSU Foundation, Inc./Medici Circle)
- EFT** (Electronic Funds Transfer)
 Checking Savings

Amount

- \$5 \$15 \$25 Other amount _____

Payment Frequency

- Monthly Quarterly Annually

Financial Institution _____
 Account Number _____
 Bank Routing Number _____

Please attach a voided check or deposit slip to this form.

Authorization

I (we) authorize the BGSU Foundation, Inc. to deduct my (our) contribution from the account indicated above on the 15th of the month. I (we) understand that if I (we) decide to discontinue this plan, I (we) will notify the BGSU Foundation, Inc. at least two weeks prior.

Signature _____ Date _____

Please charge my gift to my credit card

- Visa Mastercard American Express Discover

Account Number _____

Exp. Date (mm/yy) _____

CVV code (on back of card) _____

Signature _____

Date _____

Additional gift options on reverse

THE Medici Circle