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
C/O BGSU Foundation
1851 Research Drive
Bowling Green, OH 43403

The Medici Circle
School of Art
1000 Fine Arts Center
Bowling Green State University
Bowling Green, Ohio 43403-0204
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.

The Medici Circle, which is an annual membership, 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 enjoy 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)
- **Donatello** ($100)
- **Botticelli** ($300)
- **Raphael** ($500)
- **Michelangelo** ($1,000)
- **Leonardo** ($2,000)
- **Lorenzo Il Magnifico** ($3,000)

MEDICI CIRCLE GIFT FORM

- **Name(s) __________________________________________**
- **Home address _____________________________________**
- **City ____________________________ Zip_______________**
- **Telephone (home) ___________________________________**
- **Telephone (mobile) __________________________________**
- **Email address _____________________________________**

Amount

☐ $5  ☐ $25  ☐ $50  ☐ Other amount _______________

Payment Options:

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

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

AS19/MEDC DM