			Donor Name(s)		
	imagine that		Address		
			City / State / Zip		
			Phone		
QU	EST				
INVESTMENT FORM			Email		
Yes!	☐ I/we want to be a part of the	Continue th	e Quest Re-Imagine Ca	apital Campaign	
	☐ I/we have enclosed a gift of \$ submitted on				
	☐ I/we wish to pledge this amo	ount of \$	to be paid over	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Years ☐ Monthly ☐ Quarterly ☐ Annually	
Gift I	Designation			·	
	☐ Cultural Center	<b>□</b> Arts	sQuest Center 1st Floor		
	☐ Turn & Grind Shop				
	☐ Endowment ☐ Musikfest & Perform ☐ Visual Arts Fund ☐ Educational Scholars ☐ Legacy Fund		d		
	☐ Risk Capital	☐ Cas	sh Reserves		
	Contribution Type	on in the form	m of Dood Dobod	Deredit eard Deteck Dether	
				☐ credit card ☐ stock ☐ other	
Please	e charge my gift to VISA / MAST	ENCAND / DI	SCOVEL / AIVIEA		
Card r	number				
Expira	tion Date S	Security Code	<del>)</del>		
Name	on Card		Date		
The g	ift will be matched by:				
I/we v	vould like the gift to be recognize	ed as follows	::		
Specia	al Instructions regarding the gift:				
□ I/\\/	e wish to keep this gift anonymo	ous			
,	- men to hoop this girt differly like	Signa			