



ACADEMY CENTER OF THE ARTS STOCK GIFT FORM

Donor Information:

Donor Name(s): _____

Mailing Address:

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Please indicate how you would like to be recognized in the Academy's Annual Report:

Recognition Name(s): _____

Transferring Brokerage:

Broker: _____

Firm: _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Gift Details:

Gift Fund Designation: ☐ Annual Fund (Membership) | ☐ Other

If Other, list preferred available ACOA fund:

Stock: _____ Symbol: _____

Number of Shares: _____ Note: _____

Signature: _____ Date: _____

The Academy Center of the Arts is a 501(c)(3) non-profit organization.

All gifts are tax deductible as provided by law.

ACOA INFORMATION FOR STOCK DONORS:

Account Name:

Academy Center of Arts, Inc.

Account Number: WA7-020968

DTC Number: 0226

DTC Firm: National Financial Services

Truist Wealth

810 Main Street

Lynchburg, VA 24504

(434) 846-2711

Broker Contacts: Mike Madden,
Jess Cuillo, Carrie Williams

EIN: 23-7061145

FOR MORE INFORMATION CONTACT:

Sarah Proctor | Senior Director of Advancement
sproctor@academycenter.org | 434.515.2183



Endowment Pledge Form

I/We hereby indicate support of the Academy Endowment Campaign

☐ Academy Endowment Campaign—Outright Gift/Pledge

I/We intend to support the Academy Endowment Campaign with a pledge of \$ _____

My/Our gift is designated for: ☐ Flippin Fund ☐ Other endowment fund as specified _____

For more information, contact our Director of Development at (434) 528-3256 x118

I/We would like to begin payment of \$ _____ per year on _____ over the next five years.

☐ Academy Endowment Campaign—Planned Gift

I/We have included the Academy in my/our estate plans through:

☐ My/Our will ☐ My/Our living trust ☐ Retirement plan asset

☐ IRA charitable rollover ☐ Charitable gift remainder trust ☐ Insurance policy

A conservative estimate of the current value of my/our planned gift(s) is \$ _____

My/Our planned gift is designated for _____

Signatures

X _____ Date _____

X _____ Date _____

Please list your name as you wish to be acknowledged: ☐ Please do not acknowledge me publicly. My gift is anonymous.

Name(s) Email _____

Address City/State/Zip Phone _____

Payment Options:

Please charge my: ☐ VISA | ☐ M/Card | ☐ AMEX | ☐ I will make a gift of stock | ☐ My check is enclosed

Card Number: _____

Amount: _____ Exp Date: _____

Card Number: _____

Security Code: _____

Signature: _____

This gift is ☐ In Honor of: -or- ☐ In Memory of:

Please notify: (Name)

Address

☐ **This is a matching gift.** It will be matched by: _____

*The Academy Center of the Arts is a 501(c) 3 nonprofit organization.
Your contribution is deductible to the extent allowed by law.*