

# The Other Side of Elvis

## *Capital Campaign Contribution Form*

*Thank-you for your contribution to help support the launching of Danny Vann Ministries' "The Other Side of Elvis" tour. Please complete the information below and mail the completed form along with your contribution to:*

**The Management Agency**  
6655 Marblow Drive  
Jacksonville, FL 32277

*Please make your checks payable to "The Management Agency." One hundred percent of contributions received by The Management Agency will be forwarded to Danny Vann. On all checks, please write "Danny Vann" in the memo line for proper accounting. Contributions over \$1,000 should be remitted via business or bank check. Thank-you for your support!*

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Please print!

Your Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address (number & street name) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

***How do you wish your contribution to be acknowledged in the Tour Program?***

Your Name <input type="checkbox"/>	Business Name <input type="checkbox"/>	Anonymous <input type="checkbox"/>
In honor of: _____		
In memory of: _____		

**Contribution Amount**

<b>Grand Benefactors:</b>		
Platinum (\$15,000) <input type="checkbox"/>	Diamond (\$10,000) <input type="checkbox"/>	Gold (\$7,500) <input type="checkbox"/>
<b>Benefactors:</b>		
Silver Lever (\$4,500) <input type="checkbox"/>	Blue Level (\$2,500) <input type="checkbox"/>	Red Level (\$1,000) <input type="checkbox"/>
<b>Partners</b> (we will contact you to set up recurring payments if requested below):		
<b>A-Level</b> - \$100 or more per month for one year Amount: _____	<b>B-Level</b> - \$50-\$99 or more per month for one year Amount: _____	<b>C-Level</b> – Up to \$49 per month for one year Amount: _____
<input type="checkbox"/> Check here if you wish to setup recurring payments from a checking account or credit card.		
<input type="checkbox"/> Check here if you wish to be receipted for a tax-deductible contribution.		

Your Signature \_\_\_\_\_

Date \_\_\_\_\_