



DONATION FORM

Yes! I want to help FLICKERS continue its commitment to independent film and the encouragement and discovery of new talent by making a donation.

\$50 Friend

\$100 Filmmaker

\$250 Director

\$500 Producer

\$1,000 Star

\$_____ Other

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Email: _____

I WILL PAY BY:

VISA

MASTERCARD

AMEX

Check (make payable to: FLICKERS)

Total Amount enclosed: \$ _____

Card number: _____ CVN: _____

Exp: _____

Signature: _____

Please print off this form and return to:

Flickers' Rhode Island International Film Festival

PO Box 162, Newport, RI 02840 (United States)

If paying by credit card, you can fax this form to **401.490.6735**

Income tax receipts will be issued for gifts of \$25 and above.

Flickers, the producer of RIFF, is a 501(3)c non-profit organization.

THANK YOU!

Flickers' Rhode Island International Film Festival, PO Box 162, Newport, RI 02840 (United States)

t. 401.861.4445 • f. 401.490.6735 • www.rifilmfest.org