

## Armenian Film Foundation Caravans Along the Euphrates

The Armenian Film Foundation has a legacy of excellence in documentary filmmaking. Please consider becoming a benefactor to help support its current project, **Caravans Along the Euphrates: Anatomy of the Secret Genocide**. **Caravans Along the Euphrates** is destined to be the "crown jewel" of THE WITNESSES trilogy of full-length documentary films on the Armenian Genocide of 1915.

The trilogy will leave an indelible, undeniable record of Armenian heritage and the history of, and culpability for, the atrocities inflicted on the people of Armenia for present and future descendants and other cultures worldwide. It is also an opportunity for you to leave a footprint for others to follow, for which your generosity will be acknowledged in the end credits of the **Caravans** production.

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For your convenience, the following form can either be completed online, or printed out for completion and mailing to our office.

- ▶ A tax-deductible donation in the amount of \$ \_\_\_\_\_ is enclosed.
- ▶ We/I want to support part of the production of **Caravans Along the Euphrates**. We/I understand that any gift of \$500 or more will be listed in the film credits.

____ Script \$30,000	____ Film Laboratory Services \$35,000	____ Music \$10,000
____ Film Shoots \$10,000	____ Archival Photo Acquisitions \$20,000	____ Narration \$10,000
____ Optical Effects \$4,000	____ Editing \$20,000	____ Other (\$ _____)

Benefactors who elect to make a general donation, or cumulative donations, of at least \$1,000 will be honored in the film credits as members of one of the following elite groups:

\$1,000-\$9,999	Producer's Circle
\$ 10,000-\$24,999	Executive Producer's Circle
\$ 25,000-	Director's Circle

- ▶ We/I would like our/my acknowledgement to read as follows {please print very clearly}:

Our/my name: \_\_\_\_\_  
In loving memory of: \_\_\_\_\_  
Other: \_\_\_\_\_

- ▶ \_\_\_\_ We/I prefer to make a donation with a MasterCard/Visa:  
    \_\_\_\_ Visa      \_\_\_\_ MasterCard  
    Card no. \_\_\_\_\_, Exp. date \_\_\_\_\_  
    Name as it appears on card: \_\_\_\_\_

- ▶ A check, made payable to *Armenian Film Foundation*, for \$ \_\_\_\_\_ is enclosed/being mailed to the Foundation office.
- ▶ \_\_\_\_ This gift may qualify for matching funds from my employer! I am enclosing an application form.

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**MAIL DONATION TO:** Armenian Film Foundation  
2219 E. Thousand Oaks Blvd, Suite 292  
Thousand Oaks, CA 91362