

ALLIANCE OF ARTISTS COMMUNITIES | CONTRIBUTION FORM

Return the form below or give online at www.artistcommunities.org/donate

- I wish to give a one-time contribution of \$ _____
- annual contribution of \$ _____
- monthly contribution of \$ _____ starting _____ (month/year)
- I wish to have my contribution remain anonymous

Name (as you would like to be recognized in donor listings) _____

If this gift is in **honor or memory** of another person, list name here _____

Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Billing Address (if different than above) _____

City/State/Zip _____

My check is enclosed (*Please make checks payable to the **Alliance of Artists Communities***)

Please bill my credit card (*Visa, Mastercard, American Express, and Discover accepted*)

Account # _____ Exp. Date _____

Signature _____

Tell us why you give to the Alliance!

Thank you for your contribution!

The Alliance of Artists Communities is a 501(c)(3) nonprofit organization (FEIN #58-2138525). All gifts are tax-deductible to the extent allowed by law. All gifts will be acknowledged in writing.

ALLIANCE OF ARTISTS COMMUNITIES

144 Westminister Street, Providence RI 02903 USA

(401) 351-4320 | info@artistcommunities.org

www.artistcommunities.org/donate