

ALLIANCE OF  ARTISTS COMMUNITIES
NORTH MOUNTAIN
CONTRIBUTION FORM

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

I wish to have my contribution remain anonymous

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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 _____

My company will match my gift (*Please enclose the appropriate forms*)

Please email, mail, or fax this form to the Alliance at the contact information below. All gifts will be acknowledged with a receipt.

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