



ACA Contribution Form

- I wish to give a one-time contribution of \$ _____
- annual contribution of \$ _____
- monthly contribution of \$ _____

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

- I wish to have my contribution remain anonymous

Street Address _____

City/State/Zip _____

Phone _____

Email _____

- My check is enclosed (*Please make checks payable to the **Artist Communities Alliance***)

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

Account # _____ Exp. Date _____

Signature _____

Thank you for your contribution! All gifts will be acknowledged in writing.

You may email this form to the ACA at info@artistcommunities.org, or mail it with your check or credit card information to the address below.

To make a donation online at www.artistcommunities.org/donate.

Artist Communities Alliance is a 501(c)(3) nonprofit organization (FEIN #58-2138525). All gifts are tax-deductible to the extent allowed by law.

**Artist
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