



Contribution Form

I wish to support the Artist Communities Alliance (ACA) with a:

- one-time contribution of \$ _____
- annual contribution of \$ _____
- monthly contribution of \$ _____

In addition to my gift above, I would like to support the launch of the **Catalyst Fund** - ensuring working artists, residency leaders, residency partners, policy makers, and representation from historically underrepresented people can fully participate in ACA's governance structure.

I wish to support the Catalyst Fund with a gift of \$ _____

Your 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.