



Pelham Art Center

155 Fifth Avenue Pelham, NY 10803 tel: 914.738.2525 fax: 914.738.2686 www.pelhamartcenter.org

DONATION FORM

YES, I WANT TO SUPPORT THE PELHAM ART CENTER

\$50 \$500
 \$100 \$1000
 \$250 Other Amount

Name/s as you would like it to appear on donor acknowledgements. *You may also make a donation "in the memory" or "in honor" of someone who is important to you.*

Address _____ City/State/Zip _____

Phone () _____ Email (please print clearly) _____

My check payable to Pelham Art Center is enclosed.

Please charge my gif to my credit card Visa Mastercard American Express

Card # _____ Expiration _____ Security Code _____

Name as it appears on the credit card: _____

Please contact me about:

Donating securities My employer's matching gifts program

Your contribution is fully tax-deductible. Thank you for your support.

FOR OFFICE USE
Date Rec'd _____ Paid: _____
Card _____ Tax Letter _____
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