



Donation Form

Name : _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ E-Mail Address _____

Method of Payment:

Check or Credit Card Gift:

I am making my contribution via:

Make Check Payable to Colleagues of the Arts

Credit Card: (Visa MasterCard Discover)

Amount: \$ _____

Name on credit Card: _____

Account Number: _____ Expiration Date: _____

Signature: _____

Matching Gift Company:

My (or my spouse's) employer will match this gift.

Form Enclosed

I have contacted the company to initiate the match

Company Name _____

I prefer this gift/pledge to remain anonymous.

Print and complete this form and mail it to:

Colleagues of the Arts

PO Box 221667

Carmel, CA 93922

Colleagues of the Arts

P.O. Box 221667, Carmel, CA 93922

Phone: (831) 620-1200

www.colleaguesofthearts.org