



Name(s) _____

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Name(s) as to be listed in recognition _____

I/We wish to remain anonymous

Select your donor level:

The Circle ORANGE oneQ \$2,500 twoQ \$5,000 threeQ \$10,000 fourQ \$25,000 fiveQ \$40,000

The Circle BLUE sixQ \$50,000

Select Annual donation or Sustaining donation:

Annual Sustaining (I wish to make an annual donation for a minimum of 5 years)

Check enclosed (made payable to ArtsQuest) \$ _____

Please bill me/us: Monthly Quarterly Annually

Please charge: Visa MasterCard American Express

Please charge my card: Monthly Quarterly Annually

Installment start date _____/_____/_____

Card number _____ Exp. date _____/_____/_____

Name on card _____ Security code _____

My/Our employer will match my/our gift. Name of employer: _____

Signature _____ Date _____/_____/_____

THANK YOU! Your gift is making a difference!

Questions? Please contact:

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