

western arts alliance

Donation Form

1. CONTACT INFORMATION

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

2. DONATION DETAILS

All gifts to Western Arts Alliance are tax deductible to the extent allowed by law.

☐ Program to be supported (if restricted) _____

☐ Please list my gift as from _____.

☐ Please treat this as an anonymous gift.

☐ I would like to make a one-time gift in the amount of \$_____.

☐ Please separate this into 12 monthly installments.

☐ I would like to make an ongoing monthly sustaining gift. For income tax purposes, I will receive an annual charitable receipt at yearend.

Monthly Donation Amount

☐ \$100 ☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5 ☐ \$_____ (other)

3. BILLING INFORMATION

☐ Enclosed is my check for \$_____.

☐ Please charge my gift of \$_____ to my ☐ Visa, ☐ MasterCard or ☐ American Express.

Account Number: _____ Expiration date: _____ Security Code: _____

Name As It Appears On Card: _____

Signature: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

4. SUBMIT VIA:

☐ Mail:

Western Arts Alliance
715 SW Morrison St., Suite 600
Portland, OR 97205

☐ Email or Fax (if paying by credit card):

staff@westarts.org
503-274-4768

Questions or comments? Please contact us at staff@westarts.org or 503-274-4729.

Thank you for your gift! Your support is greatly appreciated.