



### Donation Form

I would like to support The St. Peter's Community Arts Academy at the following level:

- |   |  |
|---|--|
| <input type="checkbox"/> Benefactor (\$1,000 +) | <input type="checkbox"/> Donor (\$100-249)     |
| <input type="checkbox"/> Sponsor (\$500-\$999)  | <input type="checkbox"/> Contributor (\$50-99) |
| <input type="checkbox"/> Patron (\$250-\$499)   | <input type="checkbox"/> Other _____           |

I would like this gift to be considered anonymous.

I would like this gift to be made:

- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_
- In recognition of \_\_\_\_\_

Please send an acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to designate my contribution to fund the following program(s):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> General Fund  | <input type="checkbox"/> Neighbor's Night | <input type="checkbox"/> Community Choirs | <input type="checkbox"/> Scholarship Fund |
| <input type="checkbox"/> String Studio | <input type="checkbox"/> Piano Studio     | <input type="checkbox"/> Art Studio       | <input type="checkbox"/> Concert Series   |

My check is enclosed in the amount of \$ \_\_\_\_\_ .

Please charge my MasterCard or VISA \$ \_\_\_\_\_ .

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

To process your credit card request, we need the last three digits of the ID number printed on the signature band on the reverse side of your card: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_