

DONATION FORM

Thank you for supporting Art Center through your personal contributions! Please take a moment to fill out this form and return it to:

Art Center College of Design, Office of Development, 1700 Lida Street, Pasadena, CA 91103

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

I would like to make a single gift of \$_____.

Method of payment: Check Cash Credit Card

Please include a check payable to Art Center College or choose to charge a credit card:

Visa Am Ex MasterCard Discover

My employer will match my gift.

NAME OF COMPANY

I would like to make regular monthly payments with my credit card.

Please deduct \$_____ each month from **my credit card** for a maximum of \$_____ per year.

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Duration of Monthly Credit Card Payment Pledge

Ongoing (Automatic Annual Renewal)

Please renew my pledge automatically each year until I instruct otherwise

One Year (or specify duration if other than one year): _____

*Please contact me when it's time to renew my pledge. At that time, I will advise you of any changes. .
If I do not respond at that time, you may renew my pledge, as defined above for another year.*

Please choose how you would like to designate your gift:

General Scholarship Art Center Fund (areas of greatest need)

Other _____ (i.e., specific scholarship fund, dept. or program)

If you wish to give anonymously please initial here: _____

Signature

Date

Telephone

Email

THANK YOU!