

main street arts

Thank you for your generous donation.

I'd like to help Main Street Arts continue its mission.

(Fill out this form and mail or drop off with your donation)

I want to be a supporter.

Support Levels:

Friend \$10

Patron \$25

Sponsor \$50

Benefactor \$100

Lifetime \$250

Other \$ _____

Please contact me regarding:

Planned Giving

Trusts

Bequests

I'd like to schedule a monthly donation of \$ _____.

Apply my donation towards one of the following:

The Scholarship Fund The Studio Space and Kitchen Reconstruction The Theater Fund

Visit our website at <https://mainstreetarts.weebly.com/support-us> for more information.

PAYMENT INFORMATION

My contribution will be matched by my employer. I have enclosed the my employer's matching gift form.

CHECK

Enclosed please find my tax-deductable donation of \$ _____.

My check enclosed payable to **Main Street Arts** is enclosed.

ONLINE

I have made my gift online at <https://mainstreetarts.weebly.com/support-us>

CREDIT CARD

MasterCard Visa Discover American Express

_____	_____	_____
Card #	Exp. Date	CVC code

Name on card

Signature

CONTACT INFORMATION

MSA publishes an Annual Report and a listing honoring all donors.

Check here if you wish to be Anonymous.

Name (as you'd like it listed) _____

Address _____

Town, State, Zip _____ Work Phone _____

Home Phone _____

E-Mail _____

(Continues on other side)

COMMEMORATIVE DONATIONS

This is donation will be given in honor or in memory of:

In Honor of

Name _____

Occasion _____

In Memory of

Name _____

Address to send acknowledgment to:

Name _____

Address _____

Town, State, Zip _____

Mail this form to or drop off at:

Main Street Arts

P.O. Box 100, 35 Main Street

Saxtons River, VT 05154