



Contribution Card

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

My donation is enclosed:

\$25 \$50 \$100 \$250 \$500 \$1000 \$2000 Other _____

my check is enclosed I hereby authorize the use of: Visa Mastercard Discover AMEX Card

Number _____ Exp. Date _____ Sec. Code _____

Signature _____

Contribution will be matched by corporate gift from _____

Contributions are tax deductible to the extent of the law.

THANK YOU FOR YOUR SUPPORT!

107 East Deer Park Road, Dix Hills NY 11746 | info@artleagueli.org