

western arts alliance

CODA **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.

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.