

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

MAIL THIS FORM ALONG WITH CHECK-DO NOT STAPLE CHECK

| DONOR INFORMATION | | |
|--|---|--|
| Legal Donor Name (First and Last Name): _ | | |
| Organization Name (Fill this out only if you are making your donation on behalf of an organization): | | |
| ADDRESS INFORMATION | | |
| *If you are making donation on behalf of an orgaletters to be physically mailed out. Save your lette | | ny's address. Address required for acknowledgemen eparer. |
| Street Address: | | Unit: |
| City: | State: | Zip Code: |
| Country: | | |
| Email: | | |
| Telephone Number HOME: | | _ CELL: |
| | FORMATION DONATION ike check payable to: Phoenix Worl | |
| Check Num | nber: | |
| Donation A | Amount: | |
| In what tax | x year will you take the credit? 2 | 20 |
| TAX ADVISOR: | (OPTIONAL) *A receipt copy w | ill be sent to them. |
| NAME: | | |
| EMAIL: | | |
| EMAIL: | | |

*Our organization is currently raising funds for world arts programming and community workshops, which empower artists as well as promote cultural diversity in our Phoenix community. Your questions and feedback are very important to us.

Please feel free to email us at phxworldarts@gmail.com