



DONOR CONTRIBUTION FORM

THANK YOU for supporting the work of Arizona Humanities!

\$25 \$50 \$100 \$500 \$1000 other \$ _____

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Recognition

Please use the following name(s) in all acknowledgements: _____

I (we) wish to remain anonymous.

Payment Information

Check (payable to Arizona Humanities) Cash

Credit Card Information

Visa MasterCard Discover American Express

Name on Credit Card: _____

Number: _____ CSV Code: _____ Exp. Date: _____

Donor Signature: _____

Monthly Giving - A Convenient Way to Give Year-Round

Monthly Gift Information

I would like to contribute \$ _____ on a monthly basis.

Beginning on (date) _____ Ending on (date) _____

Monthly Check

I would like to donate by sending a check each month.

Please send me a supply of envelopes to make my donations throughout the year.

I will make my gift via automatic bill pay.

Credit Card

I prefer to make my monthly gift contribution by credit card. (Please fill out your credit card information above)

Please remit to –

Arizona Humanities

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www.azhumanities.org • 602-257-0335