



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Recognition

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

I (we) wish to remain anonymous.

Circle of Friends Levels of Support

- | | | | |
|-------------------------------------|-----------------|---------------------------------|-------------------|
| <input type="radio"/> \$1,500+ | Champion | <input type="radio"/> \$750-999 | Benefactor |
| <input type="radio"/> \$1,000-1,499 | Leader | <input type="radio"/> \$300-749 | Patron |

Total Annual Gift \$ _____

*Please complete and return by
October 15, 2017*

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
 1242 N. Central Ave., Phoenix, AZ 85004
www.azhumanities.org - 602-257-0335
 or
 e-mail to: Missy Shackelford, Office Administrator, mshackelford@azhumanities.org