

DONOR CONTRIBUTION FORM

Name:		
Organization (if applicable):		
Address:		
City:		
Phone: Email:		
Donor Recognition Please use the following name(s) in all acknowledgements: □ I (we) wish to remain anonymous.		
Gift Levels of Support		
O \$3000+ Humanities Hero	○ \$750-999	
• \$1500-2999 Champion	○ \$300-749	
○ \$1000-1499 Leader	• Up to \$299) Friend
Total Gift Amount:\$		
Payment Information		
O Check (payable to Arizona Humanities) O Cash		
Credit Card Information O Visa O MasterCard O Discover O American Express		
Name on Credit Card:		
Number:	CSV Code	: Exp. Date:
Donor Signature:		
• My employer will match my gift (please send matching gift form)		
Monthly Giving - A Convenient Way to Give Year-Round		
Monthly Gift Information		
O I would like to contribute \$on a monthly basis. Beginning on (date) Ending on (date)		
Check		
 I would like to donate by sending a check each month. O 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 O 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		