

DONOR GIVING FORM

Donor Name: Organization (if applicable): Address: City: Phone: Donor Recognition Please use the following name(s) in all acknowledgements: O I (we) wish to remain anonymous.	State:	Zip:
City: Email: Donor Recognition Please use the following name(s) in all acknowledgements: _	State:	·
City: Email: Donor Recognition Please use the following name(s) in all acknowledgements: _	State:	·
Donor Recognition Please use the following name(s) in all acknowledgements: _		
Please use the following name(s) in all acknowledgements: _		
O I (wa) wish to remain ananymaya		
T (we) wish to remain anonymous.		
O This gift is in memory of:		
O This gift is in honor of:		
Levels of Support		
Humanities Hero \$3,000+	Benefactor \$750-999	
Champion \$1,500-2,999	2 Patron \$300-749	
Leader \$1,000-1,499	Friend Up to \$299	
One-Time Gift Amount: \$		
O Monthly Gift Amount: \$		
Giving Method		
O Check (payable to Arizona Humanities) O Visa O Mast	terCard O Discover	O American Express
Name on Credit Card:		
Credit Card Number:	Exp. Date: _	CVV:
Card Holder's Signature:		
My employer will match my gift (please include em		
.,	, . ,	

Please remit to:

Arizona Humanities

1242 N. Central Ave. Phoenix, AZ 85004

Arizona Humanities is a 501(c)(3) nonprofit organization (Tax ID #86-0287464). No goods or services of any value were, or will be, transferred in exchange for this donation. All gifts are tax-deductible to the fullest extent of the law.