community arts partnership

WE APPRECIATE YOUR SUPPORT!

❑ Enclosed is my tax-deductible gift of $ _____
Make checks payable to Community Arts Partnership

❑ Please charge $ _____
to my ❑Visa ❑MC ❑Amex

Card# _____ Exp. ___/___

Your Signature _____

Name _____

Address _____

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❑ I wish to receive periodic e-mails from CAP

E-mail _____

❑ I prefer my gift to be anonymous.

I WISH TO MAKE THIS GIFT:

❑ In honor of _____

❑ In memory of _____

Occasion _____

❑ Please contact the family of the honoree.

Address _____

❑ I would like to make a pledge of $ _____

Your contribution to CAP is tax-deductible to the full extent of the law.

Please mail to: Community Arts Partnership, 171 East State Street, PMB 107, Ithaca, NY 14850