

Individual Donor

first name		last name		<input type="checkbox"/> Yes, I would like to support the arts in Kalamazoo with a \$ _____ tax-deductible gift to the ACGK. <input type="checkbox"/> My employer sponsors matching gifts, please find matching gift form enclosed (usually available through your human resources dept.) <input type="checkbox"/> Benefactor \$1,000+ <input type="checkbox"/> Patron \$500-999 <input type="checkbox"/> Sponsor \$250-499 <input type="checkbox"/> Friend \$100-249 <input type="checkbox"/> Family \$60-99 <input type="checkbox"/> Senior \$25-99 <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name on Card _____ Card# _____ Exp. Date _____ Signature _____
address				
city/state/ZIP code				
business phone		home phone		
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Do you wish to be acknowledged on our Web site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please write your name exactly as you would like it to appear _____				
checks payable to: Arts Council of Greater Kalamazoo 359 S. Kalamazoo Mall, Suite 203 Kalamazoo, MI 49007 P: 269.342.5059 F: 269.342.6531 KalamazooArts.com				
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