

NEW HOPE ARTS PRINT AND MAIL GIFT FORM

DONOR INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

GIFT INFORMATION

New Hope Arts, Inc. (Check all that apply)

- Unrestricted \$ _____
- Programming \$ _____
- Capital Campaign \$ _____
- Other _____ \$ _____

TOTAL \$ _____

PLANNED GIVING

Please contact me with more information about

- Gifts from My Will/Trust Gifts from a Retirement Plan Gifts of Stock & Appreciated Assets
- Gifts of Life Insurance Other

MY GIFT IS A TRIBUTE TO SOMEONE SPECIAL

Gift in Honor of: _____ Gift in Memory of: _____

TO BE PAID AS FOLLOWS:

- By check (Payable to New Hope Arts) Visa MasterCard American Express

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please use the back of this form to include any comments you would like to share with New Hope Arts.