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.