

Coulter Art Gallery Donation Form

100% of donations benefit Phoenix Children's Center for Cancer and Blood Disorders

PLEASE PRINT & VERIFY SPELLING!

ID # _____
For Internal Use Only

DONOR INFORMATION

Title (Check One): Mr. Mrs. Ms. Dr. Other _____

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Spouse Name: _____

Address: _____ HOME BUSINESS

City: _____ State: _____ Zip Code: _____

Company Name (only if business donation): _____

Phone 1: (____) _____ HOME WORK
 CELL OTHER Phone 2: (____) _____

E-Mail: _____ (To email donation receipt)

GIFT INFORMATION

Step 1: ARTWORK TYPE -SELECT ONE:

- Matted Artwork \$50
- SMALL \$100 (8 x 8, 12 X 12 canvases)
- MED \$250 (20 x 20, 18 x 24 canvases)
- LARGE \$500

Step 3: SPECIAL REQUESTS:

TRIBUTE GIFTS:

- IN MEMORY OF... IN HONOR OF...

Name: _____

Send Notification Letter to:

Name: _____

Address: _____

Step 2: PAYMENT METHOD - SELECT ONE:

CREDIT or DEBIT CARD

- VISA Master Card American Express Discover

Card No. _____

Exp. Date ____ / ____ CVV (3 digits on back . AMEX 4 digits on front) _____

OR

CHECK

Make checks payable to:
Phoenix Children's Hospital Foundation

(Please attach check to Donation Form)

Notes (Do not write on back): _____
