



# DONATION FORM

## DONOR INFORMATION

Donor Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT METHOD

\$ \_\_\_\_\_ I would like to make a tax-deductible gift to support the Newport Art Museum

- Check enclosed (payable to Newport Art Museum)
- Charge my credit card     Visa         Mastercard         American Express

Card Number \_\_\_\_\_ / Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

- Check if your employer will match your contribution

## APPEAR IN PUBLICATION

- Gift is in the honor of \_\_\_\_\_
- Gift is In memory of \_\_\_\_\_
- I wish to remain anonymous