



## Fax-in Gift Form

*Please print this form, fill it out, and fax it to 508-255-9490.*

**Yes!** I would like to help Arts Empowering Life reach as many people as possible through its performance and youth programs.

- Program Support – concerts, recordings, theatre, workshops  
 Capital Support

I would like to pay by:

- Credit Card     Check or Money Order (enclosed)

Please place a donation on my credit card of \$ \_\_\_\_\_

As a  Monthly gift     Single gift

Circle one:                      Visa                      MasterCard

Authorized signature: \_\_\_\_\_

Print your name as it appears on your card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security code: \_\_\_\_\_

*(Visa/MC – the last three digits printed on the back of the card beside the signature.)*

Please tell us about yourself — for purposes of tax receipt and in case of any questions.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**Thank you! Your donation is tax deductible as allowed by law.  
We will send you a gift receipt.**

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