

Company/Organization _____

Print name as it is to appear on promotional materials or check to remain anonymous. ☐

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ (A copy of this form will be sent via email.)

Authorizing Signature _____ Date _____

☐ Yes! We will support arts education.

Please accept my contribution of \$ _____. ☐ One-time ☐ Multi-year

Designated to _____ If no school designation check this box ☐
School Name

- ☐ Yes! I would like to be a member of the Arts Business Coalition (ABC). As a member, I commit to:
1. attending Spark! events and ABC meetings.
 2. advocating for arts education through news stories, speaking engagements and other opportunities.
 3. recruiting colleagues to join ABC in 2016.
 4. hosting a friend-raiser at my home or business.
 5. allowing us to use your name and/or business name/logo for program promotion.

For your convenience, the Foundation office will send invoices for multi-year investments.

Payment Information (please select one)

☐ My check is enclosed for \$ _____ **Payable To: The Foundation @ FCOE**

☐ I pledge a contribution of \$ _____ Please invoice me.

☐ Charge to _ Visa _ Master Card _ American Express _ Discover

CC # _____ Exp. Date _____

CSC # (last 3 digits on the reverse side) _____



Name as it appears on card _____

Billing address if different than that listed above _____

Signature _____

Thank you for supporting arts education.