



OLD TOWN ARTISAN STUDIO

Shaping Hearts and Minds Through Art

ART CAMPUS

DONATION OFFER

**I would like to be a part of the Capital Campaign for the
Old Town Artisan Studio ART CAMPUS!**

I would like to make an outright gift of \$ _____

I would like to make a total pledge of \$ _____ in ___ payment(s) starting _____

I have enclosed a check in the amount of \$ _____

Please charge my credit card in the gift amount of \$ _____

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Card number: _____ Exp. Date: _____

Name on Card: _____ CVV: _____

Address: _____ ZIP: _____

Email: _____ PHONE: _____

Signature: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!

Please sign and return this form by mail or email:

Info@OldTownArtisanStudio.org

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