

## Donation Form

Thank you for your interest in supporting ArtCenter. Please fill out this form and return it to us by mail (see address below) or by emailing it to [giving@artcenter.edu](mailto:giving@artcenter.edu). You may also give online at [artcenter.edu/giving](http://artcenter.edu/giving).

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Name

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Address

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City

State

ZIP code

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Phone

Email

### Single Gift

- I would like to make a single gift of \$ \_\_\_\_\_
- I am enclosing my check made payable to **ArtCenter College of Design**
  - Please charge my credit card

### Recurring (Monthly) Gift

- I would like to make a regular monthly payment of \$ \_\_\_\_\_.
- Please charge my credit card:
- One year (12 monthly installments)
  - Ongoing (automatically renewed annually)

### Gift Matching

- My employer will match my gift \_\_\_\_\_  
Name of company

### Credit Card Information

Please charge my credit card:  Visa  MasterCard  Amex  Discover

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Card number

Expiration date

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Name on card

Signature

### Gift Designation

Please choose how you would like to designate your gift:

- ArtCenter Fund (area of greatest need)
- General Scholarship
- Other \_\_\_\_\_ (e.g., specific scholarship fund, department or program)

If you wish to give anonymously, please initial here: \_\_\_\_\_

**Thank you!**