

## Pratt Access Fund Donation Form

### DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Phone: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

### GIFT INFORMATION

I'd like to become a smARTfunder with a recurring monthly donation of:

\$500  \$250  \$150  \$100  \$50  \$25  \$10  other amount \$ \_\_\_\_\_

I want to make a ONE-TIME DONATION of:

\$5,000  \$2,500  \$1,500  \$1,000  \$500  \$250  other amount \$ \_\_\_\_\_

I will fulfill this pledge in installments:  Monthly  Quarterly

Enclosed is my check to Pratt Fine Arts Center for \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my credit card:  VISA  MasterCard  American Express  Discover

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Credit Card Signature \_\_\_\_\_ CVV Code \_\_\_\_\_

### DONOR RECOGNITION PREFERENCES

Donor Recognition Name for this Gift: \_\_\_\_\_

Please make my gift ANONYMOUS

### GIFT DEDICATION

Please accept this gift:  In Honor of (name) \_\_\_\_\_

In Memory of (name) \_\_\_\_\_

### MY EMPLOYER WILL MATCH MY GIFT

My gift will be matched by: \_\_\_\_\_ Company/Foundation/Family

I will submit a matching gift request to my company  My matching gift form is enclosed

### PLANNED GIVING INFORMATION REQUEST

Please contact me about Planned Giving options

Please mail your pledge or payment to Pratt Fine Arts Center, 1902 South Main St., Seattle, WA 98144-2206

To donate online, visit our website at [www.pratt.org](http://www.pratt.org)

*Pratt Fine Arts Center is a 501(c)(3) public charity, EIN#91-1186639. Donations are tax-deductible to the extent allowed by law.*