

Usdan Donation Form

Please print this form and complete the information below so we can process and recognize your gift. Thank you!

Donor Information

Donor Name (Print First & Last Name):

Organization (fill this out if you are making a donation on behalf of an organization):

Donor Listing (how do you wish to be recognized for your gift?):

I would like to keep my gift anonymous.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

I'm enclosing my check made payable to **Usdan Summer Camp for the Arts** in the amount of \$_____.

Please charge my credit/debit card:

Visa Mastercard American Express Discover

Amount to be Charged: \$_____

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Signature: _____

Date: _____