

Make a Donation by Mail

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Yes! I would like to help Arts Empowering Life reach as many people as possible through its performance and youth programs. ☐ Program Support – concerts, recordings, theatre, workshops ☐ Capital Support I would like to pay by: ☐ Credit Card ☐ Check or Money Order (enclosed) Please place a donation on my credit card of \$_____ As a Monthly gift Single gift Visa MasterCard Circle one: Authorized signature:_____ Print your name as it appears on your card: Credit card number: _____ Exp. Date: _____ Security code:_____ (*Visa/MC* – the last three digits printed on the back of the card beside the signature.) Please tell us about yourself — for purposes of tax receipt and in case of any questions. Name: City, State, Zip:

Thank you! Your donation is tax deductible as allowed by law. We will send you a gift receipt.