

Please accept my enclosed tax-deductible donation to the Matching Grant!

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ email _____

Check (payable to Mendocino Art Center) OR Charge my Visa MasterCard in the amount of \$ _____

Please accept my pledge of \$ _____. I will send my check on _____ **OR** charge my credit card on _____

Billing Name (if different from above) _____

Billing Address _____

Account # _____ Exp. Date _____

Authorized Signature _____

Mail to: Mendocino Art Center, P.O. Box 765, Mendocino, CA 95460 • 707 937-5818 • MendocinoArtCenter.org

Mendocino Art Center Donation Receipt

Donation to Mendocino Art Center's Matching Grant Fund in the amount of \$ _____.

Date of donation: _____. Payment Method: Check Visa MasterCard

**Donations to the Mendocino Art Center are fully tax-deductible.
Please keep this bottom portion for your tax records.**