

ACNMWA Gift & Membership Form

____ Yes, I want to contribute a tax-deductible gift to the Arkansas State Committee NMWA
ENDOWMENT PROGRAM FUND to support the creative work of Arkansas women in the arts.

Total Amount of Gift \$ _____

Donor Information

Name _____ Cell Number _____
 Address _____
 City _____ St _____ Zip _____ E-mail Address: _____

Giving Levels

Silver Anniversary Sponsor — \$10,000 - \$100,000	21 Artists for the 21st Century — \$500
Founder’s Honor Roll Member — \$5,000 - \$9,999	Artists’ Advocate gift — \$250+
Arkansas Committee Advocate — \$500 - \$4,999	Friends of Arkansas Artists — \$100+

Methods of Giving

On-Line

Go to *Arkansas Community Foundation* website www.arcf.org, click “Give Now.” At “Donation & Gift Section” choose **Arkansas Committee/National Museum of Women in the Arts Program Fund**.

Check

Make checks payable to Arkansas Community Foundation (Memo Line: AC-NMWA) and mail to:
ACNMWA, PO Box 153, Rogers AR 72757-0153

Honor or Memorial

Gift is in _____ Honor or in _____ Memory of _____
 Name(s) and Address(es) of persons to be notified: _____

Pledge

Request pledge reminders in the amount of \$ _____ -- _____ Quarterly _____ Monthly _____ Annually

Other Forms of Giving

For information about donations through securities, bequests, etc., contact Ashley Coldiron, Chief Development Officer, Arkansas Community Foundation (501) 902-9090 or acoldiron@arcf.org

Signature: _____ Date: _____

*The Arkansas Committee of the National Museum of Women in the Arts advocates for the
 National Museum of Women in the Arts in Washington, D.C.,
 and supports and promotes the creative work of Arkansas women artists.*

Arkansas State Committee
National Museum of Women in the Arts (ACNMWA)
 PO Box 153
 Rogers AR 72757-0153
www.acnmwa.org