

ACNMWA Donation Form



_____ Yes, I want to contribute a tax-deductible gift to the ACNMWA ENDOWMENT PROGRAM FUND.

Total Amount of Gift \$ _____

Donor Information

Name _____ Cell Number _____

Address _____ City _____ St _____ Zip _____

E-mail Address: _____

Giving Levels

Founder - \$10,000+

Supporter - \$250

Ally - \$500+

Champion - \$5,000+

Friend - \$100+

Methods of Giving

- **Online:** Go to Arkansas Community Foundation website at www.arcf.org and click "Give Now." At "Donation & Gift Section," select Arkansas Committee/National Museum of Women in the Arts Program Fund.
- **Check:** Make checks payable to Arkansas Community Foundation (Memo Line: ACNMWA) and mail to: ACNMWA, PO Box 153, Rogers AR 72757-0153
- **Honor or Memorial:** Gift is in Honor of 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, at (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