



\* = required information

***Yes, I would like to support ArtHaus by making a tax-deductible contribution!***

Donation Amount\* \$ \_\_\_\_\_

First Name\* \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**I prefer to make my donation by:**

\_\_\_\_ Check or Money Order (made out to "ArtHaus")

\_\_\_\_ Credit Card (please enter information below)

\_\_\_\_ American Express    \_\_\_\_ Discover    \_\_\_\_ MasterCard    \_\_\_\_ Visa

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail or fax this form, along with your donation to:**

ArtHaus of Volusia & Flagler Counties  
PO Box 290232  
Port Orange, FL 32129  
386-761-3888 (Fax)  
386-767-0076 (Phone)

**Thank you for your generous support!**