

Yes! I want to contribute to **artspace's** annual fund drive

Name _____

Address _____

City/State/Zip _____

E-mail Address _____

Telephone _____

Amount

\$10 ___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___

Other \$ _____

Payment Type

Enclosed is my check made payable to **artspace** \$ _____

Credit Card charge in the amount of \$ _____ (circle) Visa, MC, AmEx, Discover

Account # _____

Exp. Date _____ CVV/CVC _____ (Please include your zip code above)

Please mail this completed form to **artspace**, Zero E. 4th St. Richmond, VA 23224