

Marblehead Festival of Arts

Friends-of-the-Festival Contribution

Please print.

Donation Type

☐ Business Donation

☐ Individual or Family Donation

Donation Amount: \$ _____

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Acknowledgement

Name as you wish it to appear in the listing of contributors in the printed *Festival Program* and online at the MFoA Web site. If left blank, the Name under *Name and Address* will be used.

Payment Method

☐ Check payable to *Marblehead Festival of Arts*

☐ Mastercard

☐ Visa

Card Number _____ Expiration Date (mm/yyyy) _____

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Billing Information (if different)

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Mail this completed form, with check or credit card information, to Marblehead Festival of Arts, P.O. Box 331, Marblehead, MA 01945-0331.

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