

# Marblehead Festival of Arts

## *Friends-of-the-Festival Memorial and Honorary Contributions*

### Honoree Information

I want to make a donation: ☐ in memory of someone. ☐ in honor of someone.

Name of honoree: \_\_\_\_\_

Please provide a name and address where we may send a notification of your contribution. The amount of your donation will not be mentioned.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Acknowledgement

An acknowledgement of your donation will be placed in the printed *Festival Program*. Please state the donor name as you would like it to appear: \_\_\_\_\_

### Donation Amount

Amount of your donation: \$ \_\_\_\_\_

### Billing Information

*Please print.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment Method

☐ Check, payable to *Marblehead Festival of Arts* ☐ Mastercard ☐ Visa

Card Number \_\_\_\_\_ Expiration Date (mm/yyyy) \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

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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