

COLONIE ART LEAGUE DONATION FORM

Print this form, fill it out and mail in with your donation.

We will inform the family of your donation if you make a donation to honor the memory of a loved one.

Thank you for your support.

First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
Optional: Please make this donation in memory of ...		
<input type="checkbox"/> Check this box if your donation is for our Scholarship Fund.		
Make your check payable to Colonie Art League Donation (OR) Colonie Art League Scholarship Fund P.O. Box 941, Latham, NY 12110		
Date: _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		

