

# Give a Donation

## Donation Information

Please direct my gift to:

- Annual Fund
- Education Fund
- Garden Fund
- Other, please specify

\_\_\_\_\_

## Payment Information

- Check enclosed (payable to the "Paine")

**Card Type:**  Visa  MasterCard

Please charge \$\_\_\_\_\_ to my credit card.

- Once
- Every month for \_\_\_\_\_ months

Total Gift: \$\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ **Verf Code :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(If paying by credit card, this address must match your credit card billing address.)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Spouse/Partner's Name:** \_\_\_\_\_

## Honorary/Memorial Gifts

This donation is made:

- In honor of or  In memory of \_\_\_\_\_

Please notify without reference to gift amount:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- I am interested in learning about volunteer opportunities at The Paine.

**Mail/fax:**  
**Paine Art Center and Gardens**  
**Attn: Donations**  
**1410 Algoma Blvd.**  
**Oshkosh, WI 54901**  
**Fax: (920) 235-6303**