



Art Enables
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www.art-enables.org

Yes, I would like to make a contribution to Art Enables

A check for my contribution in the amount of _____ is enclosed.

Please bill my credit card in the amount of _____.

Names as it appears on card: _____

Address: _____

City/State: _____ Zip code: _____

Phone number: _____



Card Number: _____

Expiration date: ____/____ 3 digit security code: _____

I would like my contribution to be: made in honor of / in memory of / anonymous

Name: _____

(Family's) Address: _____

City/State: _____ Zip code: _____

Comments: _____

Signature: _____ Date: _____

Please add me to your mailing list email: _____

*Art Enables is a 501(c)(3) not-for-profit organization and donations are fully tax-deductible.
You will receive an acknowledgement of your donation for your tax records.*