



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 _____.

Name as it appears on card: _____

Address: _____

City/State _____ Zip code _____

Phone number: _____

___ Visa ___ Mastercard # _____

Expiration date: ____/____

3-digit security code: _____

I would like my contribution to be made in honor of/ in memory of (please circle):

Name: _____

(Family's) Address: _____

City/State _____ Zip code _____

Comment: _____

Signature

Date

Please mail to: Art Enables
411 New York Avenue, NE
Washington, DC 20002

All donations are fully tax-deductible. You will receive an acknowledgement of your donation for your tax records. Thank you for your generosity.