

Date:

OPTIONAL Mail In Donation Form

Please fill out the information below and send with donation to the following address: **369 Old Chesham Rd.**

Marlborough, NH 03455

DONOR INFORMATION Name: Phone Number: Email: Address: City: State: Postal Code: Country: **PAYMENT INFORMATION Donation Type:** Check/Cash Enclosed? Check No Cash Yes **FEEDBACK** Would you like to be signed up Where do you want your support to be directed? for our newsletter? Art Where it's need most Yes No Supplies **Programs** Expansion Research **Donor Note:** (Optional)

Signature: