

## The Arts Fund

Individual    Joint    Corporate    Workplace Giving

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_

Payment Options:		
<input type="checkbox"/> Payment enclosed (make checks payable to: The Cultural Council)	<input type="checkbox"/> Bill Me (If selecting either semi-annual OR annual billing, please specify the month or months you wish to be billed below each selection.)	<input type="checkbox"/> Monthly
<input type="checkbox"/> Payroll Deduction (Workplace Giving Only)		<input type="checkbox"/> Quarterly (Jul, Oct, Jan, Apr)
		<input type="checkbox"/> Semi-Annually _____/_____ month                  month
		<input type="checkbox"/> Annually _____ month

The Arts Fund accepts: Visa, MasterCard and American Express.

CC# \_\_\_\_\_

Expiration Date \_\_\_\_\_

If you prefer to give your credit card # over the phone,  
please call The Arts Fund at 803-799-3115.



930 Richland Street  
Columbia, SC 29201  
(803) 799-3115  
f (803) 252-2787