



*Alliance Arts Council*  
Let us entertain you.

**Donate**

## General Information

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address

**Phone Number** \_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Deductible Contributions

Please write the amount of your donation next to the fund(s) you would like to contribute to.

**Endowment Fund**     \$ \_\_\_\_\_

In Memory of: \_\_\_\_\_

You may choose to make a donation in memory of a loved one that has passed.

**Operating Fund**     \$ \_\_\_\_\_

**IMPORTANT:** Please mail in this form and a check with the total amount to  
Alliance Arts Council  
PO Box 244  
Alliance, NE 69301