



# Donor Commitment Form

DEADLINE TO APPEAR IN EVENT PROGRAM 8/1/21

Name: \_\_\_\_\_

*Please print name exactly as you would like it to appear in the program.*

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Donor Levels & Support Opportunities *(Please select all that apply.)*

<input type="checkbox"/>	Mental Health Champion \$50,000	<input type="checkbox"/>	Ray of Hope \$25,000	<input type="checkbox"/>	Community of Courage \$15,000	<input type="checkbox"/>	Post Traumatic Growth \$10,000	<input type="checkbox"/>	Helping Hands \$5,000	<input type="checkbox"/>	Patron Ticket \$1,500	<input type="checkbox"/>	Ticket \$750
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### Payment Options

Check

Credit Card     Visa     MasterCard     AMEX

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Contribute CC Fee (2.6%):  Yes  No

Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**For more information or additional opportunities please contact:**

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**Please email this completed form to [info@artherapyintl.com](mailto:info@artherapyintl.com) or mail to:  
ART International Training & Research - 1511 N. Westshore Blvd., Suite 750 - Tampa, FL 33607**

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