



GIVING FORM

Name(s): _____

Address: _____

Phone: _____ Email: _____

I am happy to support the American Dance Festival with a gift of \$ _____

I wish for my donation to support the following fund:

☐

ADF General Fund

☐

ADF Scholarship Fund

☐

ADF Endowment

My gift is anonymous

Yes

☐

No

☐

My name should appear in the ADF Playbill as _____

My company _____ will match my gift.

(Please request the required paperwork from your employer)

*My gift is made ____ in honor of ____ in memory of _____

**Name and address to which your tribute acknowledgement should be mailed:*

Payment method: ☐ Check (payable to ADF) ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Account Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Return by mail to:

ADF
Box 90772
Durham, NC 27708

Gifts must be postmarked on or before December 31 to be processed as a charitable contribution for the current year.

THANK YOU!