



# Contribution Form

I wish to support the Artist Communities Alliance (ACA) with a:

- ☐ one-time contribution of \$ \_\_\_\_\_
- ☐ annual contribution of \$ \_\_\_\_\_
- ☐ monthly contribution of \$ \_\_\_\_\_

In addition to my gift above, I would like to support the launch of the **Catalyst Fund** - ensuring working artists, residency leaders, residency partners, policy makers, and representation from historically underrepresented people can fully participate in ACA's governance structure.

I wish to support the Catalyst Fund with a gift of \$ \_\_\_\_\_

**Your name** (as you would like to be recognized in donor listings)

\_\_\_\_\_

☐ I wish to have my contribution remain anonymous

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

City/State/Zip \_\_\_\_\_

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

My check is enclosed (*Please make checks payable to the **Artist Communities Alliance***)

Please bill my credit card (*Visa, Mastercard, American Express, and Discover accepted*)

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you for your contribution! All gifts will be acknowledged in writing.**

You may email this form to the ACA at [info@artistcommunities.org](mailto:info@artistcommunities.org), or mail it with your check or credit card information to the address below.

To make a donation online at [www.artistcommunities.org/donate](http://www.artistcommunities.org/donate).

**Artist  
Communities  
Alliance**

PO Box 23212 | Providence, RI 02903 USA | 401.351.4320 | [artistcommunities.org](http://artistcommunities.org) | [info@artistcommunities.org](mailto:info@artistcommunities.org)