



**2020 Donation Form**  
**Thank you for your support!**

***Donor Information***

\_\_\_\_\_  
Donor Name including title and/or suffix

\_\_\_\_\_  
Additional Donor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Billing Address (if different than mailing address)

\_\_\_\_\_  
Email Phone: cell  • home  • work

***Donation Information***

Donation Amount \$ \_\_\_\_\_ Donation Date: \_\_\_\_\_

Donation Frequency: One Time  • Annually  • Semi-Annually  • Quarterly  • Weekly

***Payment Information***

- Check payable to HumanitiesDC enclosed
- American Express
- Discover
- MasterCard
- Visa

Card number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on card \_\_\_\_\_ CCV \_\_\_\_\_