



YES! I would like to participate in my organization's Workplace Campaign and support arts and culture in my community.

Mr. Ms. Mrs. Dr. Other _____

First and Last Name _____

Name(s) for Donor Recognition _____

Name(s) you would like on your Passport Cards (if different from above):

Home Address _____

City, State _____ ZIP _____

Preferred Email _____

ORGANIZATION NAME: _____

TOTAL GIFT AMOUNT: _____

- Enclosed is my check, payable to CULTURE WORKS
- Payroll deduction (if offered by your organization) Emp. UID # _____
Please deduct \$ _____ from **EACH** of _____ (# of) pay periods
for a **TOTAL** gift amount of \$ _____
(All blanks must be completed. Maximum payroll deduction period is 1 year of pay periods)
- Please charge my: (Circle one) Mastercard / Visa / Discover / AMEX
- Charge the total amount **NOW**.
- Charge in _____ equal monthly installments on the 15th of the month, starting January 2020 (Maximum of 12 months)
- Card # _____ Exp: _____

SIGNATURE: _____

SIGNATURE REQUIRED.