



THE ROMARE BEARDEN FOUNDATION

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DONATION FORM

NAME: _____

ADDRESS: _____

APT/SUITE: _____

CITY: _____ STATE _____ ZIP _____

ZIP CODE: _____

I WOULD LIKE TO HAVE MY DONATION USED FOR:

- GENERAL SUPPORT
- EDUCATION/SCHOLARLY/PUBLIC PROGRAMS
- ARCHIVES/CONSERVATION

CREDIT CARD INFORMATION

NAME : _____

(EXACTLY AS IT APPEARS ON CARD)

CARD #: _____

CARD TYPE: MASTERCARD VISA AMERICAN EXPRESS

EXP. DATE: _____

PLEASE FAX THIS FORM TO: 212-924-7107 OR IF MAILING, SEND TO THE ADDRESS STATED ABOVE.

THANK YOU FOR YOUR SUPPORT!