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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: 212.665.9555 OR IF MAILING, SEND TO THE ADDRESS STATED ABOVE.**

**THANK YOU FOR YOUR SUPPORT!**