

Donation Form

Please complete the form and mail to: Attn: Development di Rosa Center for Contemporary Art 5200 Sonoma Hwy Napa, CA 94559

Frequency				
	One-Time	\$25	\$500	
	Monthly	\$50	\$1,500*	
	Quarterly	\$100	Other:	
Contact				
Name				
Address				
Email		Phone		
	Please sign me up for di Rosa's e-newsletter			
Acknowledgmen	t			
	Please list your name(s) as you would like it	to appear in any program l	listing or acknowledgment (separated by commas)	
	I would like this donation to remain anonymous			
Comment (Optio	onal)			
	Comment or provide instructions for your donation			
Payment				
Cardholder I	Cardholder Name			
Credit Card	Credit Card Number			
Expiration D	ate	Card Security Code		