



DONATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____

Email: _____

Donation: (check one)

- | | |
|--------------------------|----------------------|
| Easel \$75 | Studio \$125 |
| Atelier \$250 | Collector \$500 |
| Silver Palette \$1,000 | Gold Palette \$5,000 |
| Diamond Palette \$10,000 | Other \$ _____ |

Payment Method: (check one)

Check or Money Order: (Make payable to **Flagler County Art League**)

Credit Card: (check one)



Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ / _____
MM / YY

Signature: _____

Mailto: Flagler County Art League
P.O. Box 352772
Palm Coast, FL 32135-2772