

ECAA

PATRON CONTRIBUTION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____

\$ _____

CHECK# _____ CASH _____ MASTERCARD _____ VISA _____

<p>APPLY MY CONTRIBUTION TOWARD : (CHECK ALL THAT APPLIES- FUNDS WILL BE SPLIT EQUALLY)</p>			
EVENTS _____	UTILITIES _____	BLDG. SUPPLIES _____	OFFICE SUPPLY _____ MAINT. _____
OTHER: _____			

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THANK YOU!!!!

Your generous contribution is tax deductible.

\$ _____
CONTRIBUTION AMOUNT

ELLIS COUNTY ART ASSOCIATION
501 WEST MAIN ST.
WAXAHACHIE, TX 75165

501(c) (3) non-profit Texas Corporation

CONTRIBUTION RECEIVED BY: _____	DATE _____
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