



Donation Form

Amount: Chairman's Council – Director's Circle \$2,500.00
 Chairman's Council – Leader's Circle \$1,000.00
 Donor Club Partner \$500.00
 Donor Club Supporter \$250.00
 Donor Club Friend \$100.00
 Contributor \$50.00
 Other \$_____

Designation: Annual Fund Four Corners Youth Scholarships
 American Indian Initiatives Fund Scholarships
 Education Fund Other _____
 Research (Archaeology) Fund

Additional Information

Type of gift:

One-time gift

Recurring gift: Frequency: Day 1 of every month Day 15 of every month
 Starting date _____

Pledge: Number of installments _____

Frequency: Day 1 of every month Day 15 of every month Day 1 of every 3 months Day 15 of every 3 months
 Starting date _____

Corporate This donation is on behalf of a company

Anonymous I prefer to make this donation anonymously

Joint gift names _____

This gift is in memory of _____ This gift is in honor of _____

What brought you to the website to give today? _____

Billing Information

Title Dr. Mr. Mrs. Ms.

First name _____ Last name _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone (_____) _____ E-mail _____

Payment Information

Check (enclosed) Pledge

Credit Card Cardholder's Name _____ Signature _____

Credit Card Number _____

Card Type Visa American Express Discover MasterCard

Card Expiration Date (month) _____ (year) _____ Card Security Code _____

Matching Gifts My company will match my gift

THANK YOU FOR YOUR GENEROSITY!