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  
□ American Indian Initiatives Fund  
□ Education Fund  
□ Research (Archaeology) Fund  
□ Four Corners Youth Scholarships  
□ Scholarships  
□ Other _____________________

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!