



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):

City: _____ State: _____ Zip Code: _____

County: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

By providing your email address and/or phone number, you will be agreeing to subscribe to our Newsletter. Our Newsletter will keep you informed of programs and events and other ways to get involved with GCSB Arts, Education and Wellness. You may unsubscribe at any time.

PAYMENT OPTIONS

One Time Donation Amount: _____

I'm enclosing my check made payable to Glass City Swing Band, Inc.

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Please mail this completed form to: GCSB Arts, Education and Wellness | 818 Lowry Avenue | Jeannette, PA 15644