



DONATION FORM

SECTION I: DONOR INFORMATION

Name: _____

Significant Other Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Work

Evening Phone: _____ Home Work

Email: _____

Are you an Alum? Yes No

If yes, what year(s) did you attend and what discipline(s) did you study? _____

SECTION II: GIFT DESIGNATION

Unrestricted \$ _____

Student Financial Aid \$ _____

HSA Prep Fund \$ _____

Educational Outreach \$ _____

Facilities Fund \$ _____

TOTAL: \$ _____

SECTION III: PAYMENT INFORMATION

I have enclosed a check or money order payable to the **Harlem School of the Arts**

Please charge my contribution to my (check one): Visa AMEX Mastercard Discover

Card # _____ Exp. Date mm/yy _____ CVV _____

Cardholder Name _____

Billing Address _____ City _____ State _____ Zip _____

I would like to pledge my commitment to HSA for a total of \$ _____

Please remind me each: Month Quarter Other _____

I would like to honor my pledge commitment in a single payment on _____
Please send me a pledge reminder prior to that date.

SECTION IV: SPECIAL INSTRUCTIONS

I work/my significant other works for a Matching Gift Company.
Form available through your employer.

Company Name: _____

This gift is (circle one): In honor of In memory of

Name: _____

Please notify: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Additional Comments: _____

I certify that the information submitted in this application is true and correct to the best of my knowledge.

PLEASE RETURN FORM to the Harlem School of the Arts, Attn: Development Department at 645 Saint Nicholas Avenue, New York, NY 10030 or send by email to: development@hsanyc.org HSA is a 501(c)3 nonprofit. Tax ID # 13-2552500. Your donation is fully tax deductible. Thank you for your support!