

# archiebrayfoundation for the ceramic arts

2915 Country Club Ave  
Helena, MT 59602  
406.443.3502

## GIFT FORM

Enclosed is a contribution of

\$ \_\_\_\_\_ in support of The Archie Bray Foundation.

Name \_\_\_\_\_  
Please print your name as you wish to be listed

I prefer to make my gift anonymously.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*Please check type of gift*

- |   |          |
|---|----------|
| <input type="checkbox"/> Named Residency (\$12,200)             | \$ _____ |
| <input type="checkbox"/> Fellowship (\$5,500)                   | \$ _____ |
| <input type="checkbox"/> Friend of the Bray (\$1,000 and above) | \$ _____ |
| <input type="checkbox"/> Benefactor (\$500 – 999)               | \$ _____ |
| <input type="checkbox"/> Patron (\$250 – 499)                   | \$ _____ |
| <input type="checkbox"/> Sponsor (\$100 – 249)                  | \$ _____ |
| <input type="checkbox"/> Other                                  | \$ _____ |

Additional Comments:

I/We enclose a check for: \$ \_\_\_\_\_  
Please make checks payable to *The Archie Bray Foundation*

Please bill my credit card: \$ \_\_\_\_\_

Visa       MasterCard       American Express

Card # \_\_\_\_\_

Name \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(as it appears on card)

Signature \_\_\_\_\_

My company will match my gift in the amount of: \$ \_\_\_\_\_

To charge your gift by phone or for more information, please call (406) 443-3502 x16

Please either complete this form online and print it out, or print it and fill it in ink. The form requires your signature for credit card payments. Fax this form to us at (406) 443-0934 (credit card only) or mail it with your check or credit card information to: The Archie Bray Foundation, 2915 Country Club Avenue, Helena, MT 59602.

The Archie Bray Foundation is classified as a 501(c) (3) nonprofit organization by the Internal Revenue Service. All gifts are tax-deductible to the extent allowed by law.