



Mail-In/Fax Donation Form

Type of Donation

- One-time gift Recurring monthly gift

DONATION LEVEL

*Enter Amount: \$

Check here if you are giving this donation on behalf of, or in honor of someone else.

PURPOSE OF GIFT

- In Memory of
- Birthday
- Anniversary
- Get Well Wishes
- In Honor of
- Special Event
- Other Purpose

What inspired your gift?

GIFT NOTIFICATION

Per your request, we will gladly send a personalized notification announcing your gift to the individual you designate.

First Name: Last Name:

Notify via - Mail or Email

Address: City: State: Zip:

Email Address:

Donor Information

Check here if you want to make this donation anonymously.

*First Name: *Last Name:

Company Name:

Position / Title:

*Email Address:

ADDRESS

Home Business

*Address: *City: *State: *Zip:

*Country: *Daytime Phone: *Home Phone:

Check here if this gift is being given jointly.

Payment Information

*Select Credit Card Type: American Express Discover MasterCard Visa

*Name on Credit Card:

*Credit Card Number:

*Expiration: /

BILLING ADDRESS

Check here if the billing address is the same as the address above.

Home Business

*Address: *City: *State: *Zip:

*Country:

NOTE:

If your company has a matching gift program, your contribution to The Smith Center could be doubled. Please check with your Human Resources department for a matching gift form and send it to:

The Smith Center for the Performing Arts
241 W. Charleston Blvd., Suite 111
Las Vegas, NV 89102

PLEASE MAIL/FAX THIS FORM TO THE ADDRESS BELOW:

The Smith Center for the Performing Arts
Attention: Office of Development
241 W. Charleston Blvd., Suite 111
Las Vegas, NV 89102

Telephone (702) 614-0109 Fax (702) 614-0205