

Enso Center for International Arts 8708 196th Ave NE Redmond, WA 98053 425.869.0276 --- http://ensocenter.org

Contribution Pledge Form

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)	
First Name:	MI: Last Name:
Street Address:	City: State: Zip:
Phone: Home: ()	Work: ()
E-mail:	
☐ I would prefer that this contribution and/or	r my name be kept confidential. Thanks!
	DONATIONS
	DONATION, IN THE AMOUNT OF: 0 □ \$100 □ \$50 □ \$25 □ Other: \$
	NG DONATION, AS FOLLOWS: ☐ Quarter ☐ Year, amounting to a Total of \$
Does your emplo	CHING CONTRIBUTIONS Oyer match donations? YES / NO Donation Form from your employer if applicable
METH	OD OF PAYMENT
□ Check enclosed, Please make checks pa	yable to " Enso Center "
□ Please bill my credit card: Card type:	Visa Mastercard American Express
Account number:	
Expiration Date:	
☐ Securities or stocks. Please call 425.869.	0276 or email to contact@ensocenter.org for details.
□ Contact me	
	NOTES
 described in Section 501(c)(3). U.S. Federal Tax Payments must be received before the end of the There is no minimum contribution amount. 	ble under section 501(a) of the internal revenue code as an organization ID 911918720. Please consult your accountant for any clarifications. year to be eligible for a tax deduction in that year. Occenter.org or call 425.869.0276 or write to contact@ensocenter.org.
Would you like to volunteer your	time, resources, or ideas to Enso Center? ☐ Yes!
•	nd payment to the address at the top of this form.