



YES! I would like to participate in my organization's Workplace Campaign and support arts and culture in my community.

Mr. Ms. Mrs. Dr. Other _____

First and Last Name _____

Name(s) for Donor Recognition _____

Name(s) you would like on your Passport Cards (if different from above):

Home Address _____

City, State _____ ZIP _____

Preferred Email _____

WHITE · Culture Works

CANARY · Payroll

PINK · Employee

ORGANIZATION NAME: _____

TOTAL GIFT AMOUNT: _____

Enclosed is my check, payable to CULTURE WORKS

Payroll deduction (if offered by your organization) Emp. ID # _____

Please deduct \$ _____ from **EACH** of _____ (# of) pay periods for a **TOTAL** gift amount of \$ _____

(All blanks must be completed. Maximum payroll deduction period is 1 year of pay periods)

Please charge my: (Circle one) Mastercard / Visa / Discover / AMEX

Charge the total amount **NOW**.

Charge in _____ equal monthly installments on the 15th of the month, starting immediately. (Maximum of 12 months)

Card # _____ Exp: _____

SIGNATURE: _____

SIGNATURE REQUIRED.