



DONATION FORM

Enclose with your check made out to **FRIENDS OF ROWAN**.

Mail to FOR at: P.O. Box 262 Salisbury, NC 28145-0262

Dear **FRIENDS OF ROWAN**,

I am very excited that my tax-deductible donation will be matched by the **FRIENDS OF ROWAN**, subject to available funding. I understand my gift will be matched and forwarded to the qualifying charitable organization I have designated below:

WATERWORKS VISUAL ARTS CENTER

To designate an honorarium or memorial gift, please complete below:

In honor of: _____ In memory of: _____

Your Name: _____ Your Phone Number: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Please send acknowledgement to (give complete name and address):

Your Name: _____ Your Phone Number: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

*Please make your check payable to **FRIENDS OF ROWAN**.
On the memo line, please note **WATERWORKS VISUAL ARTS CENTER**.
Mail to: **FRIENDS OF ROWAN**, P.O. Box 262, Salisbury, NC 28145-0262
All donations are tax-deductible. **FRIENDS OF ROWAN** is a non-profit, 501(c)3 community organization.*