



Destiny Arts Center exists to end isolation,
prejudice and violence in the lives of young people.

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

Fax _____ Other Phone _____

E-mail _____

Destiny Arts Center
1000 – 42nd Street
Oakland, CA 94609

Phone: 510.597.1619 / Fax: 510.597.1620

E-mail: info @destinyarts.org / Website: www.destinyarts.org

Destiny Arts Center is tax exempt under Section 501(c)(3) of the Internal Revenue Code

MULTI-YEAR PLEDGE

I pledge to invest:

\$ _____ per year, for _____ years TOTAL PLEDGE _____

I will make payments: _____ monthly _____ quarterly

_____ Semi-annually _____ Annually - beginning on _____

I will invest via:

_____ Enclosed check _____ MC/Visa (see below)

_____ Stock Transfer _____ Contact me for other options

This gift is made IN MEMORY or IN HONOR of: (if applicable)

Name

SINGLE GIFT

I am pleased to make a gift of: \$ _____

I will invest via:

_____ Enclosed check _____ MC/Visa (see below)

_____ Stock Transfer _____ Contact me for other options

This gift is made IN MEMORY or IN HONOR of: (if applicable)

Name

PAYMENT INFORMATION

MC/VISA # _____ Exp. Date _____

3 digit security code on back of card

Name on Card _____

Signature

Date