



**Donation Form**

**Yes! I want to donate to the Archives Partnership Trust Annual Fund!**

**My information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_  
Phone (Evening): \_\_\_\_\_  
Email: \_\_\_\_\_

**ANNUAL FUND GIVING CATEGORIES:**

<b>BENEFACTOR</b>	<b>GUARDIAN</b>	<b>ADVOCATE</b>	<b>PATRON</b>	<b>STEWARD</b>
\$99 and below	\$100 to \$249	\$250 to \$499	\$500 to \$999	\$1,000 and up

**PAYMENT INFORMATION:**

Annual Fund: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Enclosed is a check made payable to the **Archives Partnership Trust**.

Please charge my:    Visa    MasterCard    Discover    AMEX

ACCOUNT NUMBER: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
CVV # (last 3 digital on card's signature  
line or, for AmEx, the 4 digits above card  
#): \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

Occasionally we share our mailing list with other non-profit cultural organizations. If you prefer not to receive such mailings, please check the box.

**Print and mail this form to:**  
Archives Partnership Trust  
Cultural Education Center, Suite 9C49  
Albany, NY 12230