



THE CENTER FOR ARTS EDUCATION

YES, I WOULD LIKE TO SUPPORT CAE!

Mr. Ms. Mr. & Mrs. Other _____

NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE (HOME)

(BUSINESS)

FAX

EMAIL

I would like to receive email updates on CAE.

My gift will be matched by my employer.

Please use my email for personal correspondence only.

COMPANY

RATIO (PLEASE ENCLOSE MATCHING GIFT FORM)

Check enclosed, payable to
CAE in the amount of \$ _____

I/We would like to include CAE in our estate planning.

Please charge my gift of \$ _____
to my American Express Master Card Visa

PLEASE RETURN THIS FORM TO CAE:

CARD NUMBER

MAIL: The Center for Arts Education
Development Department
225 West 34th Street, Suite 1112
New York, NY 10122

EXPIRATION DATE

PHONE: (212) 971-3300 ext. 311

SIGNATURE

FAX: (212) 268-5266

EMAIL: Catherine@cae-nyc.org