



Chicago Arts Partnerships in Education
203 N. Wabash, Suite 1720
Chicago, IL 60601-2417

Your Name(s) _____

Address _____

City, State, Zip _____

Telephone: Home: _____ Work: _____

Contribution Amount: \$ _____

Payment method: Check Credit Card Other (securities transfer)

Account Number: _____

Expiration Date: _____

Signature: _____

_____ I've enclosed my company matching gift form

Consider showing your support of CAPE by honoring a friend or loved one! This is a great way to give a gift for a special event or remember someone important to you. These gifts made

My gift is in memory or honor of (please circle one): _____

Address for notification: _____

My friends are also interested in supporting CAPE. Please send them information on your programs.

NAME: _____
Address: _____
CITY, ST, ZIP: _____
PHONE: _____
E-MAIL: _____

NAME: _____
ADDRESS: _____
CITY, ST, ZIP _____
PHONE: _____
E-MAIL: _____