



Capital Campaign Donation Form

Please print this form, fill in requested information and mail to:

August Wilson Center for African American Culture

Attn: Capital Campaign

425 Sixth Avenue, Suite 1750

Pittsburgh, PA 15219

Amount: \$ _____	Today's Date: _____
Name(s) as you would like it to appear in print: _____	
Address	_____

City/State/Zip	_____
Daytime phone	_____
Email address	_____

- Personal check enclosed (*payable to August Wilson Center for African American Culture*)
- Please apply my gifts toward the African American Challenge Grants (Challenge Grants match donations from local African American donors for AWC Capital Campaign)
- Please add me to the AWC email list

Credit card: (circle one)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card # _____ Exp. Date: _____

Signature: _____

Name on Card: _____

- To increase my support, I have enclosed my employer's matching gift form.

Name of company: _____

Questions? Contact the Director of Major Gifts at (412) 258-2668.



Annual Fund Donation Form

Please print this form, fill in requested information and mail to:
August Wilson Center for African American Culture
Attn: Annual Fund
425 Sixth Avenue, Suite 1750
Pittsburgh, PA 15219

Amount: \$ _____	Today's Date: _____
Name(s) as you would like it to appear in print: _____	
Address	_____

City/State/Zip	_____
Daytime phone	_____
Email address	_____

- | | |
|---|---|
| <input type="checkbox"/> Founders' Circle - \$5,000+ | <input type="checkbox"/> Benefactor - \$500-\$999 |
| <input type="checkbox"/> Presidents' Circle - \$2,500-\$4,999 | <input type="checkbox"/> Patron - \$250-\$499 |
| <input type="checkbox"/> Leader - \$1,000-\$2,499 | <input type="checkbox"/> Partner - \$150-\$249 |
| <input type="checkbox"/> Donor Circle - \$50-\$999 | <input type="checkbox"/> Friend - \$50-\$149 |

- Personal check enclosed (*payable to August Wilson Center for African American Culture*)
 Please add me to the AWC email list

Credit card: (circle one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card # _____ Exp. Date: _____

Signature: _____

Name on Card: _____

- To increase my support, I have enclosed my employer's matching gift form.

Name of company: _____

Questions? Contact the Director of Annual Giving at (412) 258-2669.